

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90075 048 \*\*\*150.00

DOCUMENT # P97000090369

1. Entity Name  
Big Sky Productions, Inc.

**DO NOT WRITE IN THIS SPACE**

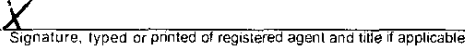
**24026653**

|                                                               |         |                                                   |         |
|---------------------------------------------------------------|---------|---------------------------------------------------|---------|
| 2. Principal Place of Business<br><b>190 CRYSTAL LAKE DR.</b> |         | 3. Mailing Address<br><b>190 CRYSTAL LAKE DR.</b> |         |
| Suite, Apt. #, etc.                                           |         | Suite, Apt. #, etc.                               |         |
| City & State<br><b>CLERMONT FL</b>                            |         | City & State<br><b>CLERMONT FL</b>                |         |
| Zip<br><b>34711-2339</b>                                      | Country | Zip<br><b>34711-2339</b>                          | Country |

DO NOT WRITE IN THIS SPACE

|                                       |                                                                                     |                                  |
|---------------------------------------|-------------------------------------------------------------------------------------|----------------------------------|
| <b>DO NOT WRITE<br/>IN THIS SPACE</b> | 7. Name and Address of Current Registered Agent                                     |                                  |
|                                       | Name<br><b>KENT VANDERBERG</b>                                                      |                                  |
|                                       | Street Address (P.O. Box Number is Not Acceptable)<br><b>190 CRYSTAL LAKE DRIVE</b> |                                  |
|                                       | City<br><b>CLERMONT</b>                                                             | FL Zip Code<br><b>34711-2339</b> |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 

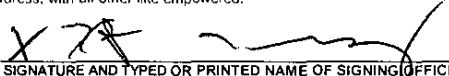
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|                                                   |                 |                                       |
|---------------------------------------------------|-----------------|---------------------------------------|
| TITLE<br><b>PRESIDENT</b>                         | TITLE           | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| NAME<br><b>KENT VANDERBURG</b>                    | NAME            |                                       |
| STREET ADDRESS<br><b>190 CRYSTAL LAKE DRIVE</b>   | STREET ADDRESS  |                                       |
| CITY - ST - ZIP<br><b>CLERMONT, FL 34711-2339</b> | CITY - ST - ZIP |                                       |
| TITLE                                             | TITLE           |                                       |
| NAME                                              | NAME            |                                       |
| STREET ADDRESS                                    | STREET ADDRESS  | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| CITY - ST - ZIP                                   | CITY - ST - ZIP |                                       |
| TITLE                                             | TITLE           |                                       |
| NAME                                              | NAME            |                                       |
| STREET ADDRESS                                    | STREET ADDRESS  |                                       |
| CITY - ST - ZIP                                   | CITY - ST - ZIP |                                       |
| TITLE                                             | TITLE           | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| NAME                                              | NAME            |                                       |
| STREET ADDRESS                                    | STREET ADDRESS  |                                       |
| CITY - ST - ZIP                                   | CITY - ST - ZIP |                                       |
| TITLE                                             | TITLE           |                                       |
| NAME                                              | NAME            |                                       |
| STREET ADDRESS                                    | STREET ADDRESS  | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| CITY - ST - ZIP                                   | CITY - ST - ZIP |                                       |
| TITLE                                             | TITLE           |                                       |
| NAME                                              | NAME            |                                       |
| STREET ADDRESS                                    | STREET ADDRESS  |                                       |
| CITY - ST - ZIP                                   | CITY - ST - ZIP |                                       |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/04**  
Date

**+ 352 2419 506**  
Daytime Phone #