

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90031 005 ***150.00

DOCUMENT # P98000011200

1. Entity Name
ACME FILM, INC.

Principal Place of Business

**620 GREENSWARD LANE
 STE.KS-202
 DELRAY BEACH FL 33445**

Mailing Address

**620 GREENSWARD LANE
 STE.KS-202
 DELRAY BEACH FL 33445**

710040



2. Principal Place of Business

746 S. Orlando Ave

3. Mailing Address

PO Box 321155

Suite, Apt. #, etc.

604

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cocoa Beach, Fla.

City & State

Cocoa Beach, Fla

4. FEI Number

65-0811993

Applied For

Not Applicable

Zip

32931

Country

Brevard

Zip

32932-1155

Country

Brevard

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LIME, JOSEPH M
 620 GREENSWARD LANE
 STE.KS-202
 DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name *Joseph M. Lime*
 Street Address (P.O. Box Number is Not Acceptable) *746 S. Orlando Ave*
Ste 604
 City *Cocoa Beach* FL Zip Code *32931*

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D LIME, JOSEPH M	620 GREENSWARD LANE	DELRAY BEACH FL 33445	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<i>D Lime Joseph M.</i>	<i>PO Box 321155</i>	<i>Cocoa Beach, Fla 32932-1155</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph M. Lime* **Joseph Lime** -15-02 321-783-0977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)