

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

0501650
AV

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1. Entity Name
FAMILY ARTHOUSE PRODUCTIONS, INC.

03-21-2003 90075 034 ***150.00

Principal Place of Business
**14130 ROSEMARY LANE
3309
LARGO FL 33724**

Mailing Address
**PO BOX 283
INDIAN ROCKS BEACH FL 33785-0283**



2. Principal Place of Business

3. Mailing Address
SAME

Suite, Apt. #, etc.
100 BAKMONT LANE #304

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Belleair FL

City & State

4. FEI Number **65-0819046**

Applied For
Not Applicable

Zip **33756** Country **Pinellas**

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEDOR, ROBERT
14130 ROSEMARY LANE, #3309
LARGO FL 33774-2920**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D FEDOR, ROBERT**
STREET ADDRESS **14130 ROSEMARY LANE, #3309**
CITY-ST-ZIP **LARGO FL 33774-2920**

TITLE Change Addition
NAME **FEDOR, ROBERT**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D FEDOR, TIFFANY**
STREET ADDRESS **14130 ROSEMARY LANE, #3309**
CITY-ST-ZIP **LARGO FL 33774-2920**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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TITLE Change Addition
NAME
STREET ADDRESS
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **3/17/03** **818 777 8888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)