

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90031 014 \*\*\*150.00

DOCUMENT # **P98000017920**

1. Entity Name

**Pop Top Productions, Inc.**

**R**

Principal Place of Business

Mailing Address

**316 Greyman Dr.  
 West Palm Beach FL 33405**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**05-0825255**

Applied For

Not Applicable

Zip

Country

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

Name

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

City

**FL**

Zip Code

**DOUGLAS DODD  
 316 Greyman Dr.  
 West Palm Beach FL 33405**

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

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**9 Sep 00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00  
 After SEPTEMBER 13, 2000 Min. will be \$750.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete  
 NAME **DOUGLAS DODD**  
 STREET ADDRESS **316 Greyman Dr.**  
 CITY-ST-ZIP **West Palm Beach FL 33405**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOUGLAS DODD**

**9 Sep 00**

**561 308 1705**

Date

Daytime Phone #

CR2E034 (5/00)

Attachment

P9800001720  
D0086888

**PopTop Productions, Inc.**

316 Greymon Drive  
West Palm Beach, Florida 33405  
.561.308.1705.  
<http://www.poptop.net>

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Wednesday, September 13, 2000

Re: Request for waiver.

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To Whom It May Concern:

This letter is being written to request a waiver of penalty fees concerning the late filing of my company's annual report. The address for PopTop Productions, Inc. has changed several times in the last year and a half and I have had considerable difficulty with mail forwarding. After several attempts at calling various offices I finally contacted the correct office to change my address and request a copy of the UBR. I received it yesterday and am making every effort to return it in the most timely manner.

Thank you for your time and understanding.

Regards,



Doug Dodd  
President

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FEI Number: 65-0825255