


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90319 047 ***150.00

DOCUMENT # P9800021094

1. Entity Name
ANGELA WALLACE PRODUCTIONS, INC.



Principal Place of Business
1870 N. ROSELLE RD
SCHAUMBURG, IL 60195

Mailing Address
C/O ALFRED A. COLBY, AKERMAN SENTERFIT
P.O. BOX 3273
TAMPA, FL 33601-3273

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1870 N. Roselle RD
Suite, Apt. #, etc.

City & State
Schaumburg IL

City & State
Schaumburg IL

Zip
60195

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2380522** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
COLBY, ALFRED A
SOUTH ASHLEY DRIVE STE 1500
TAMPA, FL 33602

7. Name and Address of New Registered Agent
Name: Alfred A. Colby
Street Address (P.O. Box Number is Not Acceptable): 101 East Kennedy Blvd
Suite 3140
City: Tampa FL Zip Code: 33602

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 the registered agent.

SIGNATURE: Alfred A. Colby DATE: 4/29/03

Signature, Print or printed name of registered agent and date applicable. (NOTE: Registered Agent Signature required when necessary)

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 NAME STREET ADDRESS CITY-ST-ZIP	PTS: DRIVER, ANGELA W 1870 N ROSELLE RD # 105 SCHAUMBURG, IL 60196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Angela Wallace Driver DATE: April 17, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRFEC034 (10/02)