

**FOR PROFIT CORPORATION 2002
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90579 003 ***158.75

DOCUMENT # P98000024968

1. Entity Name
SIDEHILL PRODUCTIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
712 NW 91st TERRACE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL.

City & State

Zip
33324
Country
USA

Zip
Country

4. FEI Number
65-0820227

Applied For
Not Applicable

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

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636648

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GARY BRIDGES

Street Address (P.O. Box Number is Not Acceptable)
712 NW 91st TERRACE

City FT. LAUDERDALE, **FL** **Zip Code** 33324

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT/ DIRECTOR
GARY BRIDGES
712 NW 91st TERRACE
FT. LAUDERDALE, FL. 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY/DIRECTOR
CONNIE McMILLAN
5551 LAKESIDE DRIVE
MARGATE; FL: 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-409-0547

CR2E034B (12/01)