2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000050640** Jul 25, 2000 8:00 am Secretary of State SOUTHERN SUN PRODUCTIONS, INC. 04-28-2000 90060 001 ***150.00 Principal Place of Business Mailing Address 1165 - 101ST STREET PO BOX 547279 SURFSIDE FL 33154 BAY HARBOR FL 33154 Principal Place of Business Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0841125 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MASSEY, ERIC Street Address (P.O. Box Number is Not Acceptable) 1165 - 101ST STREET **BAY HARBOR FL 33154** Zip Code FL 8. The above name a entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible. 10.-Election Campaign Financing--\$5:00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Detete TITLE ☐ Change ☐ Addition TITLE NAME MASSEY, ERIC NAME STREET ADDRESS STREET ADDRESS 1165 - 101ST STREET #1 CITY-ST-ZIP CITY-ST-ZIP **BAY HARBOR FL 33154 X** Delete Change TITLE Addition NAME SWAIN, LEE NAME STREET ADDRESS 1653 OAK ST STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP SARASOTA FL 34236 □ Addition TITLE ☐ Defete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 21 0 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the eceiver or trustee epocywered to changed, or on an attachment with an address with all out. does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

er like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

SIGNATURE:

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165 - 101ST STREET	PO BOX 547279 SURFSIDE FL 33154-727:	Ω.	308 14 1		
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2. Principal Place of Business	3. Mailing Address P.O. Box	547279			-
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u>, </u>	DO NOT WRITE IN THI	S SPACE	
City & State	City & State . 1	<u> </u>	4. FEI Number 65-0841125	Applied For	مفترجون جو
KAY HALDOC	TL JUSTSIAN	Country		Not Applicable \$8.75 Additional	
33154	33154		5. Certificate of Status Desired	Fee Required	
6. Name and A	ddress of Current Registered Agent	Name	7. Name and Address of New Registere	1 Agent	(
MASSEY, ERIC Street Address			S (P.O. Box Number is Not Acceptable)		1
1185 - 101ST STREE		 			
BAY HARBOR FL 331	54		SAML	Zip Code	{
				Zip Code	{
8. The above named entity subm	its this statement for the purpose of changing	its registered affice or regis	tered agent, or both, in the State of Florida.		
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	name of registered above and title if applicable			·	{
 This corporation is eligible to Tax filing requirement and ele 	cts to do so. After MAY 1,	Will_FEE.IS \$150.00 , 2000 Fee will be \$550.00	I II USE FAMO COMPICUISMI.	\$5.00 May Be Added to Fees	1
(See criteria on back)	OFFICERS AND DIRECTORS	yable to Department of S	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTORS IN 11	}
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13. I hereby certify that the infor	mation supplied with this filing does not quality	ty for the exemption stated in that my signature shall have	n Section 119.07(3)(i), Florida Statutes. I further the same legal effect as if made under ceth; thi 607, Florida Statutes; and that my name appea	certily that the information at I am an officer or director	
of the corporation or the rec changed, or on an attachro	ever or trusted empowered to execute this re and with an address, with all other like empower	port as required by Chapter ered.	607, Florida Statutes; and that my name appea	rs in Block 11 or Block 12 if	\
SIGNATURE:		IPE'S	4-19-2000 (2	(os)#1 <i>3-34</i> 74	
SIGNATURE:	HATURE AND TYRED OR PROPOSED NAME OF SIGNOND OFF		Dave	Deyting Phone #	ز

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