

2002 UNIFORM BUSINESS REPORT (UBR)

004181 AV

DOCUMENT # P98000055805

1. Entity Name
ELECTRIC COW PRODUCTIONS, INC.

FILED

02 APR -8 AM 11:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1288 MOSSWOOD CHASE
TALLAHASSEE FL 32312**

Mailing Address
**1288 MOSSWOOD CHASE
TALLAHASSEE FL 32312**

2. Principal Place of Business
815 VIRGINIA DRIVE

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

City & State
ORLANDO, FL XXXXX

City & State

Zip
32803

Country
USA

Zip

Country

4. FEI Number
59-3532779

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KETTERMAN, MAX
1288 MOSSWOOD CHASE
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (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) **XX**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P ROWE, JUSTYN 2400 AMHERST AVENUE ORLANDO FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change 5324 WINDRIDGE LANE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KETTERMAN, MAX 1288 MOSSWOOD CHASE TALLAHASSEE FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900005419759--6 -05/02/02--01020--014 ****150.00 ****150.00
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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: *Max Ketterman* **MAX KETTERMAN (S)** **04/26/02** **487-1349**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)