

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 1098000056566

FILED

00 JUL 17 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
OUTER LANDS ENT. PRODUCTS INC.

Principal Place of Business Mailing Address

*5320 West 14th St
BRADENTON FL 34207*

2. Principal Place of Business Suite, Apt. #, etc.
5320 W. 14th St

3. Mailing Address Suite, Apt. #, etc.
5320 W. 14th St

City & State City & State

Bradenton FL 34207

4. FEI Number ☒ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name *J. RICARDO KANSA*
Street Address (R.O. Box Number is not acceptable)
5320 W. 14th St
City *BRADENTON FL 34207*

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]*

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) ☐

FILE NOW!!! FEE IS \$150.00 -
AFTER MAY 1, 2000 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 ☐ Delete
NAME *J. RICARDO KANSA*
STREET ADDRESS *5320 WEST 14th ST.*
CITY-ST-ZIP *BRADENTON, FL*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

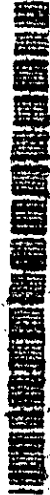
CR2E034 (9/99)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314



U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS

TO:

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AUTO

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7-1-1201 34242-116226

ENTERLIMITS ENTERTAINMENT PRODUCTIONS, INC.

4026 ROBERTS POINT ROAD
SARASOTA FL 34242-1162

1 NEWER RECEIVED COMPARTMENT
PACKS FOR OUR ENTERTAINMENT PRODUCTIONS
THEREFORE I AM SENDING COVER FROM
PREVIOUS YR.

Sincerely

R. Harris

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