

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **498000059780**
 1. Entity Name **TOP PRIORITY PRODUCTIONS INC**

FILED
Jul 07, 2000 8:00 am
Secretary of State
 07-07-2000 90460 035 ***158.75

Principal Place of Business
600 DIANE CR.
CASSELBERRY FL
32707

Mailing Address
TOP PRIORITY PRODUCTIONS INC
PO Box 180553
CASSELBERRY FL
32718

| | | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|---|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3521024 | | Applied For <input checked="" type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | | | |

00068623

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent TERRY R BROOKS 600 DIANE CR. CASSELBERRY FL 32707 | | 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 **TERRY R BROOKS** *Terry R Brooks* **6/30/2000**
 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. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| TITLE President | <input type="checkbox"/> Delete | TITLE TERRY R. BROOKS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME TERRY R. BROOKS | | NAME | |
| STREET ADDRESS 600 DIANE CR. | | STREET ADDRESS | |
| CITY-ST-ZIP CASSELBERRY FL 32707 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

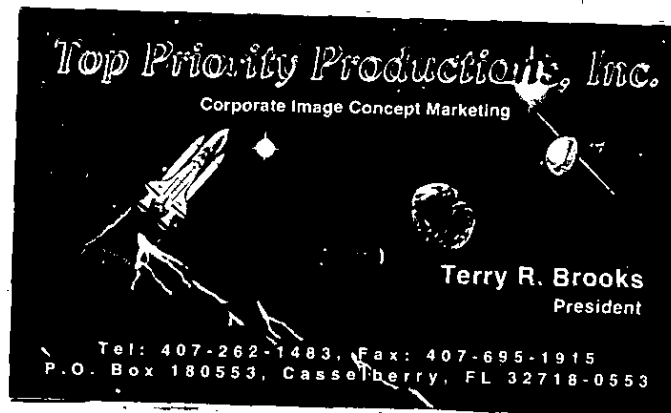
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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: **TERRY R BROOKS** *Terry R Brooks* **6/3/2000/407/262483**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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10068623



P98000059780

DOCO 8623

TERRY ROBERT BROOKS
600 DIANE CIR
CASSELBERRY, FL 32707

Ref - Top Priority Productions Inc
600 DIANE CIR
Casselberry FL 32707

Dear State of Florida Thank You For The UBR Report Form
I did not receive my Regular Form For Annual Fee, I AM
including my check For 150.00 Plus 8.75 For Certificate of Status
and Annual Fee Best Regards Thank you

Request taken by: yfisher
06-27-2000

Jimmy R Brooks President 6/30/2000
407 262 1483

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

158.75

59-3521024

7/6/98

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over

Note

check 158.75

Department of state