

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90029 024 ***150.00

DOCUMENT # P98000069025

1. Entity Name

BLACK KNIGHT PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

24881 CORNOUSTIE COURT
 BONITA SPRINGS FL 34135
 US

24881 CORNOUSTIE COURT
 BONITA SPRINGS FL 34145-3920
 US

2. Principal Place of Business

3. Mailing Address

1470 JAMAICA RD
 Suite, Apt. #, etc.

1470 JAMAICA RD
 Suite, Apt. #, etc.

City & State

City & State

MARCO ISLAND, FL

MARCO ISLAND, FL

Zip

Country

34145

U.S.

Zip

Country

34145

U.S.

4. FEI Number

65-0860695

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, MERLIN
 24881 CARNOUSTIE COURT
 BONITA SPRINGS FL 34135

Name

MERLIN MILLER

Street Address (P.O. Box Number is Not Acceptable)

1470 JAMAICA RD

City

MARCO ISLAND

FL

Zip Code

34145

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

Merlin Miller
 Signature, typed or printed name of registered agent and title if applicable

President

(NOTE: Registered Agent signature required when reinstating)

2/10/00
 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	D	<input type="checkbox"/> Delete
NAME	MILLER, MERLIN L	
STREET ADDRESS	24881 CARNOUSTIE COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	DORLAND, GILBERT N	
STREET ADDRESS	4246 NORTH OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRAPER, JOHN M	
STREET ADDRESS	3 HOLLYCRAFT AVENUE	
CITY-ST-ZIP	LONDON, ENGLAND NW-3706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MERLIN L	
STREET ADDRESS	1470 JAMAICA RD	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROZZONI, RENARD R.	
STREET ADDRESS	9275 SAN DIEGO NE	
CITY-ST-ZIP	ALBUQUERQUE, NM 87122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Merlin Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Merlin Miller

2/10/00

Date

941-393-0839

Daytime Phone #

CR2E034 (9/99)