## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90089 032 \*\*\*150.00

## DOCUMENT # P98000075811

1. Corporation Name

UNTOUC	CHABLE PRODUCTIONS, II	VC.					
Principal Place	of Business	Mailing Add	iress				[ ]DD\${ DD\$  \forall  forth inits only bolis bolis bolis entry state of the close index is a con-
15122 CRAGGY CLIFF STREET 15122 CRAGGY CLIFF STRE							
TAMPA FL 33625 TAMPA FL 33625							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
						-	- 09/01/1998
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number Applied For
21		26					59 353 0/02 Not Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				5. Certifcate of Status Desired
City & Stat			City & State				6. Election Campaign Financing \$5.00 May Be
23	•	28					Trust Fund Contribution Added to Fees
Zip	Country	Zip		Count	try		8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax.
1	9. Name and Address of Curre	nt Registered Ag	ent				10. Name and Address of New Registered Agent
					31	Name	e ·
BUSSEY, RICHARD P 15122 CRAGGY CLIFF STREET TAMPA FL 33625			1	32	Street A	at Address (P.O. Box Number is Not Acceptable)	
					33		
				[	34	City	85 Zip Code
						-	FL   FL   FL   FL   FL   FL   FL   FL
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such on ations of, Section	change was au 607.0505, Flor	es, the about horized lida Statut	by t es.	the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE:	Registered A	gent	signature re	e required when reinstating) DATE
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1.1 TITL	E		☐ Change ☐ Addition
NAME	HORN, JONATHAN			1.2 NAM	ΙE		
STREET ADDRESS	15350 AMBERLY DRIVE #342	<b>!1</b>		1.3 STR	EET,	ADDRESS	s
CITY-ST-ZIP	TAMPA FL 33647			1.4 CITY	'- ST-	- ZIP	
TITLE	D		DELETE	2.1 TITL	E	Ì	☐ Change ☐ Addition
NAME	BUSSEY, RICHARD P			2.2 NAM	Œ		
STREET ADDRESS	15122 CRAGGY CLIFF STREE	<u> </u>		23 STR	EET.	ADDRESS	s
CITY-ST-ZIP	TAMPA FL 33625			2.4 CIT	Y-ST	T-ZIP	
TITLE			☐ DELETE	31 TITL	E		☐ Change ☐ Addition
NAME				3.2 NAM	Œ		
STREET ADDRESS				3.3 STR	EET.	ADDRESS	ss .
CITY-ST-ZIP				3.4. CIT	Y-ST	T- ZIP	
TITLE			☐ DELETE	4.1 TITL	E		☐ Change ☐ Addition
NAME				4. 2 NAM	ИE		
STREET ADDRESS				4.3 STR	EET	ADDRESS	ıs Control of the con
CITY-ST-ZIP				4.4 CITY	-ST	- ZIP	
TITLE			DELETÉ	5 1 TITL			. Change Addition
NAME				5.2 NAM	Œ		·
STREET ADDRESS				5.3 STR	EET.	ADDRESS	ss
CITY-ST-ZIP				5.4 CITY		-ZIP	
TITLE			☐ DELETE	6.1 TITL			☐ Change ☐ Addition
NAME				6.2 NAM	ΙE		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CER OR DIRECTOR Date DayLine Phone #