

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91513 046 \*\*\*150.00

DOCUMENT # **P98000087830**

1. Entity Name

**HIGH IMPACT Productions, INC.**



**DO NOT WRITE IN THIS SPACE**

**10089838**

2. Principal Place of Business

**424 EAGLE CIRCLE**

Suite, Apt. #, etc.

3. Mailing Address

**424 EAGLE CIRCLE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>CASSELBERRY, FLORIDA</b>		City & State <b>CASSELBERRY, FLORIDA</b>		4. FEI Number <b>59-3495479</b>	Applied For <input type="checkbox"/>
Zip <b>32707-4821</b>	Country <b>SEMINOLE</b>	Zip <b>32707-4821</b>	Country <b>SEMINOLE</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **BOB ANDERSON**

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

**424 EAGLE CIRCLE**

City **CASSELBERRY**

**FL**

Zip Code **32707-4821**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST BOB ANDERSON 424 EAGLE CIRCLE CASSELBERRY, FLORIDA 32707</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOB ANDERSON 424 EAGLE CIRCLE CASSELBERRY, FLORIDA 32707</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Bob Anderson**

**BOB ANDERSON  
PVST, D**

**4/24/03 407-699-9905**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #