

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/5/3

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90001 001 \*\*\*165.00  
 05-03-2000 90099 007 \*\*\*150.00

**DOCUMENT # P98000089556**

1. Entity Name

**GRAVITY PICTURES, INC.**

Principal Place of Business

3200 WEST OAKLAND PARK BLVD  
 LAUDERDALE LAKES FL 33311

Mailing Address

3200 WEST OAKLAND PARK BLVD  
 LAUDERDALE LAKES FL 33311-1245

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

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

**SOUTH FLORIDA REGISTERED AGENTS, INC.**

**200 EAST LAS OLAS BLVD, #1900**

**FORT LAUDERDALE FL 33301**

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

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 **D**  
 STREET ADDRESS **GAGNON, STEVEN F**  
 CITY-ST-ZIP **3200 WEST OAKLAND PARK BLVD**  
**LAUDERDALE LAKES FL 33311**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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)(f), 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 person or persons 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 affidavit of authority to execute this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-20-00

954-779-6177

CR2E034 (9/99)

Attachment

~~SECRET~~

#P98000089556

A2070082

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10/18/99 CORPORATE DETAIL RECORD SCREEN 3:19 PM  
NUM: P98000089556 ST:FL ACTIVE/FL PROFIT FLD: 10/20/1998  
FEI#: APPLIED FOR  
NAME : GRAVITY PICTURES, INC.  
PRINCIPAL: 3200 WEST OAKLAND PARK BLVD  
ADDRESS LAUDERDALE LAKES, FL 33311  
RA NAME : SOUTH FLORIDA REGISTERED AGENTS, INC.  
RA ADDR : 200 EAST LAS OLAS BLVD, #1900  
PORT LAUDERDALE, FL 33301 US  
ANN REP : (1999) I 10/18/99

10/18/99 OFFICER/DIRECTOR DETAIL SCREEN 3:20 PM  
CORP NUMBER: P98000089556 CORP NAME: GRAVITY PICTURES, INC.  
TITLE: D NAME: GAGNON, STEVEN F  
3200 WEST OAKLAND PARK BLVD  
LAUDERDALE LAKES, FL 33311

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----

# 2000 UNIFORM BUSINESS REPORT (UBR)

ATTACHMENT

DOCUMENT # P98000089556

1. Entity Name  
GRAVITY PICTURES, INC.

Principal Place of Business  
3200 WEST OAKLAND PARK BLVD  
LAUDERDALE LAKES FL 33311

Mailing Address  
3200 WEST OAKLAND PARK BLVD  
LAUDERDALE LAKES FL 33311

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **APPLIED FOR**  
52-212-4940

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SOUTH FLORIDA REGISTERED AGENTS, INC.  
200 EAST LAS OLAS BLVD, #1900  
FORT LAUDERDALE FL 33301

## 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE ☐ Delete  
NAME **D GAGNON, STEVEN F**  
STREET ADDRESS **3200 WEST OAKLAND PARK BLVD**  
CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 23, 2000

GRAVITY PICTURES, INC.  
3200 WEST OAKLAND PARK BLVD  
LAUDERDALE LAKES, FL 33311

Subject: **GRAVITY PICTURES, INC.**

Reference Number: **P98000089556**

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report application or attach a photocopy of the FEI number application to the document before we can complete your filing.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SP

ANNUAL REPORTS SECTION

*Gravity Pictures*  
# 52.212.7940