

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089556

1. Entity Name
GRAVITY PICTURES, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90025 022 ***150.00

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

3. Mailing Address
**40 SCHNEIDER, 7860 PETERS RD
F-110**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PLANTATION FL

Zip

Country

Zip
33324

Country
USA

4. FEI Number **52-2127940**

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 **PAUL F. SCHNEIDER, C.P.A.**
Street Address (P.O. Box Number is Not Acceptable)
**7860 PETERS ROAD
F-110**
City **PLANTATION FL** Zip Code **33324**

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 *Paul F. Schneider*
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, 2001 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

TITLE **D** ☐ Delete
NAME **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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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)(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:

STEVEN GAGNON
Signature

DIRECTOR

4/30/01

Date

954-739-6077

Daytime Phone #

CR2E034 (10/00)