

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90503 033 ***150.00

DOCUMENT # P98000089556

1. Entity Name **GRAVITY PICTURES, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2500 N. Federal Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite 303

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

33305

Country

Zip

Country

4. FEI Number

52-2127940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Schneider, Paul E. CPA

Street Address (P.O. Box Number is Not Acceptable)
7860 Peters Rd.

F-110

City

Ft. Lauderdale

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

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) ☐

**January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$64.75**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GAGNON, STEVEN F.
2500 N. FEDERAL HWY - SUITE 303
FT. LAUDERDALE, FL 33305**

TITLE
NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (954) 739-6077

Date

Daytime Phone #

CR2E034B (12/01)