

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091024

1. Entity Name

FULL SAIL PRODUCTIONS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90072 031 ***150.00

Principal Place of Business

Mailing Address

~~227 CARTO AVENUE~~
~~CORAL GABLES FL 33134~~

~~227 CARTO AVENUE~~
~~CORAL GABLES FL 33134 7217~~

2. Principal Place of Business

3801 SW 58 AVE.

3. Mailing Address

3801 SW 58 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI, FL.

Zip

33155

Country

Zip

33155

Country

4. FEI Number

65-0875006

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

Name

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

3801 SW 58 AVE.

City

MIAMI

FL

Zip Code

33155

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

VP
 JAMES W. CLARK III

4/24/00

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 P
 NAME CLARK, CRISTINA R
 STREET ADDRESS ~~227 ARTO AVENUE~~
 CITY-ST-ZIP ~~CORAL GABLES FL 33134 7217~~

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 3801 SW 58 AVE.
 CITY-ST-ZIP MIAMI, FL. 33155

TITLE VP
 NAME CLARK, JIM
 STREET ADDRESS ~~227 ARTO AVENUE~~
 CITY-ST-ZIP ~~CORAL GABLES FL 33134 7217~~

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 3801 SW 58 AVE.
 CITY-ST-ZIP MIAMI, FL. 33155

TITLE
 NAME
 STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)