

# 2001 UNIFORM BUSINESS REPORT (UBR)

0429850

DOCUMENT # P98000098369

1. Entity Name  
**BAD MONKEY PRODUCTIONS, INC.**

**FILED**

01 APR 11 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6612 NINA ROSA DRIVE  
ORLANDO FL 32819

Mailing Address  
6612 NINA ROSA DRIVE  
ORLANDO FL 32819

2. Principal Place of Business  
**536 W. Osceola St**

3. Mailing Address  
**536 W. OSCEOLA ST**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Clermont, FL**

City & State  
**Clermont, FL**

4. FEI Number **59-3543325** Applied For  
Not Applicable

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

Zip **34711** Country

Zip **34711** Country

6. Name and Address of Current Registered Agent  
**TEMPESTA, RICHARD E**  
**6612 NINA ROSA DRIVE**  
**ORLANDO FL 32819**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**536 W. OSCEOLA ST**  
City **Clermont, FL** Zip Code **34711**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TEMPESTA, RICHARD E</b> <b>6612 NINA ROSA DR</b> <b>ORLANDO FL 32819</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>536 W. Osceola St</b> <b>Clermont, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800004014188--1</b> <b>-04/17/01--01108--002</b> <b>****150.00 ****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Richard E. Tempesta** **RICHARD E. TEMPESTA, PRESIDENT** 4.11.01 (352)394-4019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)