

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-27-2002 90273 004 ***150.00

DOCUMENT # P99000004850

1. Entity Name
TWIN TOWER PRODUCTIONS INC.

Principal Place of Business

**123 ANN STREET
 KEY WEST FL 33040**

Mailing Address

**123 ANN STREET
 KEY WEST FL 33040**

2. Principal Place of Business

3920 SO ROOSEVELT BLVD #213E

3. Mailing Address

3920 SO ROOSEVELT BLVD #213E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
KEY WEST FL 33040

City & State
KEY WEST FL 33040

4. FEI Number **65-0889122**

Applied For
 Not Applicable

Zip
33040

Country
USA

Zip
33040

Country
USA

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

**RITSON, BRUCE
 513 WHITEHEAD ST
 KEY WEST FL 33040**

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, 2002 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 **PD** ☐ Delete
 NAME **EVERHART, FRANK**
 STREET ADDRESS **123 ANN STREET**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3920 SO ROOSEVELT BLVD #213E**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **Frank Everhart, President**

04/29/2002

305/295-6472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)