

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91753 016 ***150.00

DOCUMENT # P99060035197
1. Entity Name KNOWS PRODUCTIONS INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 737 ESSEX PL. 3. Mailing Address 737 ESSEX PL.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL City & State ORLANDO FL
Zip 32803 Country USA Zip 32803 Country USA

4. FEI Number 59-3580074 Applied For ☐
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name R.P. WELLER
Street Address (P.O. Box Number is Not Acceptable)
737 ESSEX PL.
City ORLANDO FL Zip Code 32803

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] DATE 5.10.02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$61.25
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	<u>PRES.</u> <u>R.P. WELLER</u> <u>737 ESSEX</u> <u>ORLANDO FL</u> <u>32803</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.10.02
Date

407 399-2443
Daytime Phone #

CR2E034B (12/01)