

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90011 026 ***150.00

DOCUMENT # P99000045001

1. Entity Name

TRILEMMA PRODUCTIONS INC.

Principal Place of Business

**1337 SASSAFRAS AVE.
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**1337 SASSAFRAS AVE.
 ALTAMONTE SPRINGS FL 32714-1139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

**MORRIS, JAMES C
 1337 SASSAFRAS AVE.
 ALTAMONTE SPRINGS FL 32714**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D RAINWATER, VERNON 530 DOGTRACK ROAD LONGWOOD FL 32750	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JIM MORRIS 1337 SASSAFRAS AVE. ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLDMAN, LLOYD 530 DOGTRACK ROAD LONGWOOD FL 32750	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT HEATHER AVERY CLYDE 1206 MARLA ALTAMONTE SPRINGS FL 32701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, SHANTEL 1337 SASSAFRAS AVE. ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/SECRETARY AARON WIEDERSPAHN 1337 SASSAFRAS AVE ALTAMONTE SPRINGS FL 32714	<input checked="" 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
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

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 #

7/6/00

407-532-3193

CR2E034 (9/99)

P99000045001

AC0067454



Florida Department of State
Division of Corporations
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

~~Please accept our request to forgo the late payment fee of \$400 for the filing of the 2000~~
UBR. Forgive us of our ignorance and youth as an organization. It impeded our ability
to understand the importance of filing this form.

On Monday, July 3, 2000, I met with an accountant to discuss our future. He then
acknowledged the importance of filing this form. We are a 1 1/2 year-old theatre company
that incorporated so we could file for nonprofit status. We are asking for your assistance
by allowing us not to pay the \$400 late fee. We only have \$700 in the bank account and
hope to produce a play with that money in the fall.

For us to write a \$400 late-fee check plus the \$150 required amount would be
monumental for our small organization. It would also severely limit the ability to
produce a play in the fall. We now understand the importance of filing this annually and
we will abide by the due date in the future.

Once again, please forgive us for our ignorance by allowing us to forgo the payment of
the late fee. If you have any questions about our request, please call me at 407-532-3193,
Monday through Friday. Thank you in advance for your consideration.

Truly yours,

A handwritten signature in cursive script, appearing to read "Jim Morris".

Jim Morris
President