2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
05-19-2001 90280 028 ***150.00

A0070523

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000045756

1. Entity Name
Synergy Productions, INC.

Principal Place of Business	Mailing Address
7380 Sand Lake Rd. Suite 330 ORLANDO, FL 32819	7380 Sand LAKE Rd Suite 330 Orlando, FL 32819

2. Principal Place of Business	3. Mailing Address
7680 Universal Blvd.	7680 Universal Blvd.
Suite, Apt. #, etc. Suite 565	Suite, Apt. #, etc. Suite 565
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32819 Country USA	Zip 32819 Country USA

4. FEI Number 59-3581807 ☐ 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
DAVID H. HANNA JR 7380 Sand LAKE RD. Ste, 350 Orlando, FL 32819	Name DAVID PIERFY Street Address (P.O. Box Number is Not Acceptable) 7680 Universal Blvd., Ste 565 City ORLANDO **FL** Zip Code 32819

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] 5/1/01
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, 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	D ANDREW ROGERS 7380 Sand LAKE Rd, Ste 350 Orlando, FL 32819 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDREW ROGERS 7680 Universal Blvd., Ste 565 ORLANDO, FL 32819 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] ANDREW M. ROGERS 5/1/01 407 758 0972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #