

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054462

1. Entity Name

I AM PRODUCTIONS, INC.

(P)

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90001 038 \*\*\*150.00

Principal Place of Business

PMB #301  
13170 ATLANTIC BLVD., SUITE 58  
JACKSONVILLE FL 32225-4158

Mailing Address

PMB #301  
13170 ATLANTIC BLVD., SUITE 58  
JACKSONVILLE FL 32225-4158

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

59-3585577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PIERRE, KATIE  
1715 HODGES BLVD., APT. 906  
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

Katie Pierre

Street Address (P.O. Box Number is Not Acceptable)

1303 Trotters Walk Way

City

Jacksonville

FL

Zip Code

32225

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 \$550.00.**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P
STREET ADDRESS	Katie I. Pierre
CITY-ST-ZIP	1303 Trotters Walk Way Jacksonville, FL 32225
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*Katie Pierre*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/00

(904) 642-5048  
Date Daytime Phone #

CR2E034 (5/00)

To Whom It May Concern,

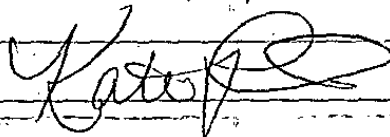
Enclosed you will find the annual business report for I Am Productions, Inc. In addition, there is a check for \$150.

I request that the \$400 late fee be waived due to the fact that this is the first notice that I have received. Furthermore, I am a student at Full Sail Real World Education College in Winter Park, FL.

Therefore my schedule does not allow me to work.

Thank you for taking the time to read this letter. I can be contacted at (407) 299-7881 if any problems arise.

Sincerely Yours,



Katie Pierce