

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**

09-21-2001 90007 007 \*\*\*150.00

DOCUMENT # **P99000054462**

1. Entity Name  
**I AM PRODUCTIONS, INC.**

(M)

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  
**PO Box 616495**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 616495**  
 Suite, Apt. #, etc.

City & State  
**Orlando, FL**  
 Zip  
**32861** Country  
**USA**

City & State  
**Orlando, FL**  
 Zip  
**32861** Country  
**USA**

4. FEI Number **59-3585577** Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 Walkway**  
 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: Katie Pierre, Katie Pierre, President/Owner 8/29/01  
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 \$550.00**  
**After September 12, 2001 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P PIERRE, KATIE I 1303 TROTTERS WALK WAY JACKSONVILLE FL 32225</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Katie Pierre, Katie Pierre, Pres./Owner 8/29/01 (904) 642-5041  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0008782 AV

CR2E034 (5/01)

Attachment  
D#P9900005462  
A086994

This is the first notice  
I have received for I Am  
Productions, Inc.

Enclosed you will find  
\$150 for the filing fee.

Katie Penni