

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90003 036 \*\*\*150.00

**DOCUMENT # P99000055075**

1. Entity Name  
**VISUAL IMPACT PRODUCTIONS CORP.**

Principal Place of Business 7602 301 BOULEVARD SARASOTA FL 34243	Mailing Address 7602 301 BOULEVARD SARASOTA FL 34243
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number **65-0941940**

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**

**BAKER, GREG**  
**7602 301 BOULEVARD**  
**SARASOTA FL 34243**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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)

**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	<b>P</b> <b>KOCK, CARL L</b> <b>2924 57TH ST</b> <b>SARASOTA FL 34243</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>BAKER, GREG J</b> <b>7665 39TH ST CIR E</b> <b>SARASOTA FL 34243</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ELROD, MICHAEL</b> <b>4962 28TH CT E</b> <b>BRADENTON FL 34203</b>	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
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: \_\_\_\_\_ **05-10-01 941 360-9545**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment

Doc# P99 000055075  
B0058499

**Visual Impact Productions, Inc.**  
7602 301 Boulevard  
Sarasota, FL 34243-3248

May 10, 2000

Florida Dept. of State – UBR Filing  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

**FEIN No.: 65-0941940**

Dear Sir:

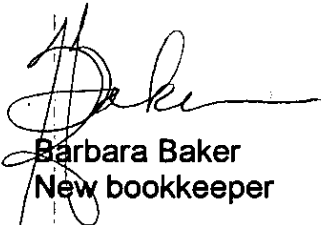
I am writing to explain why this payment is coming to you after May 1.

Our bookkeeper passed away the end of April. Since the Company isn't very active, the bookkeeper handled whatever came along and we didn't really get monthly updates from her.

Since her death, her family came in to take care of her belongings and affairs and returned our files and books to us at that time. We then discovered that the filing was not sent.

Enclosed is our payment of \$150.00. Please waive our late fee for this filing. Your consideration will be appreciated.

Sincerely,



Barbara Baker  
New bookkeeper

Enclosure: Check # 1104