

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90278 002 ***158.75

DOCUMENT # P99000056372

1. Entity Name
VITAL STREET PRODUCTIONS, INC.

Principal Place of Business
9213 EASTPORT TERR.
ORLANDO FL 32817

Mailing Address
9213 EASTPORT TERR.
ORLANDO FL 32817



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
U.S.P.
Suite, Apt. #, etc.
9528 CANNON DR
City & State
ORLANDO FLORIDA
Zip
32817
Country
U.S.A.

3. Mailing Address
USP
Suite, Apt. #, etc.
9528 CANNON DR
City & State
ORLANDO FLORIDA
Zip
32817
Country
USA

4. FEI Number **52-2189561** **Applied For**
☒ **Not Applicable**

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

6. Name and Address of Current Registered Agent
WILKINSON, MARK L
9213 EASTPORT TERR.
ORLANDO FL 32817

7. Name and Address of New Registered Agent
Name **MARK L WILKINSON**
Street Address (P.O. Box Number is Not Acceptable)
9528 CANNON DR
City **ORLANDO** **State** **FL** **Zip** **32817**

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 *Mark L. Wilkinson* **MARK L. WILKINSON** **4-20-02**
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, 2002 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILKINSON, MARK L		NAME		
STREET ADDRESS	9213 EASTPORT TERR.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Mark L. Wilkinson* **MARK L. WILKINSON** **4-20-02** **673-1003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)