

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90255 024 ***150.00

DOCUMENT # P99000071543

1. Entity Name
POSITIVE PRODUCTIONS, INC.

Principal Place of Business Mailing Address
~~1401 JULIE LAGOON LUTZ FL 33549~~ *see below changes* ~~1401 JULIE LAGOON LUTZ FL 33549-5941~~

2. Principal Place of Business 3. Mailing Address
220 E. Madison St **220 E Madison St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
730 **730**
 City & State City & State
Tampa, FL **Tampa, FL**
 Zip Country Zip Country
33602 **USA** **33602** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3681247 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**
HAMILTON, KELLY Name **John Madden**
1710 SPRING CREEK DR. Street Address (P.O. Box Number is Not Acceptable) **3107 W. Horatio St.**
SARASOTA FL 34239-5047 **# 21**
 City **Tampa** City **Tampa** FL Zip Code **33609**

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 John Madden Signature, typed or printed name of registered agent and title if applicable
[Signature] (NOT Registered Agent signature required when reinstating)
 DATE 4/29/2000

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, 2000 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	President Noel D. Pease 1401 Julie Lagoon Lutz, FL 33549	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Treasurer John Madden 3107 W. Horatio St Tampa, FL 33609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairperson & Vice President Kelly Hamilton 1710 Spring Creek Dr. Sarasota, FL 34239-5047	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: John Pease Director & President Date 4/29/2000 Daytime Phone # (813) 204-9795

CR2E034 (9/99)