

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000071543**1. Entity Name  
**POSITIVE PRODUCTIONS, INC.****Principal Place of Business**

1401 JULIE LAGOON

**Mailing Address**

1401 JULIE LAGOON

LUTZ FL LUTZ FL  
33549 33549**2. Principal Place of Business**

220 E. MADISON STREET

**3. Mailing Address**

220 E. MADISON STREET

Suite, Apt. #, etc.

#740

Suite, Apt. #, etc.

#740

City &amp; State

TAMPA FL

City &amp; State

TAMPA FL

Zip

33602

Country

Zip

33602

Country

**4. FEI Number****59-3631247**

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****HAMILTON KELLY**  
1710 SPRING CREEK DR.**SARASOTA** FL  
342395047 US**7. Name and Address of New Registered Agent**

Name

**MADDEN JOHN J**

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

**3107 W. HORATIO ST.**

#21

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 J. MADDEN****05/01/2001**

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, 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**

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	D	<input type="checkbox"/> Change	<input checked="" 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:** **Noel D. Pease****P****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)