

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/44/

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90086 007 \*\*\*150.00

**DOCUMENT # P99000072959**

1. Entity Name  
**BROUGHTON PRODUCTIONS, INC.**

Principal Place of Business: **3900 NINTH STREET NORTH ST. PETERSBURG FL 33703**  
 Mailing Address: **3900 NINTH STREET NORTH ST. PETERSBURG FL 33703-4651**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number: **59-2217006**  
 Applied For:  Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent  
**DEW, JOHN C ESQ.  
 150 SECOND AVENUE NORTH  
 SUITE 1500  
 ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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: James E. Broughton DATE: 3/20/00  
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.

**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		<input type="checkbox"/> Delete
TITLE: PD	NAME: BROUGHTON, JAMES E	<input type="checkbox"/>
STREET ADDRESS: 3900 NINTH STREET NORTH	CITY-ST-ZIP: ST. PETERSBURG FL 33703	
TITLE: STD	NAME: BROUGHTON, KAY T	<input type="checkbox"/>
STREET ADDRESS: 3900 NINTH STREET NORTH	CITY-ST-ZIP: ST. PETERSBURG FL 33703	
TITLE: VPD	NAME: BROUGHTON, MARK D	<input type="checkbox"/>
STREET ADDRESS: 3900 NINTH STREET NORTH	CITY-ST-ZIP: ST. PETERSBURG FL 33703	
TITLE:	NAME:	<input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: VPD	NAME: BROUGHTON, JAMES E JR.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS: 3900 NINTH STREET NORTH	CITY-ST-ZIP: ST. PETERSBURG FL 33703		
TITLE: VPD	NAME: DELUCIA, BROOKE B	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS: 3900 NINTH STREET NORTH	CITY-ST-ZIP: ST. PETERSBURG FL 33703		
TITLE: VPD	NAME: BROUGHTON, MATTHEW S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS: 3900 NINTH STREET NORTH	CITY-ST-ZIP: ST. PETERSBURG FL 33703		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kay T. Broughton DATE: 6/22/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)