## **2001 UNIFORM BUSINESS REPORT (UBR)**

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## FILED May 15, 2001 8:00 am Secretary of State **DOCUMENT # P99000077430** 05-15-2001 90185 027 \*\*\*150.00 FILTHY RICH PRODUCTIONS, INC. Principal Place of Business Mailing Address 7380 SAND LAKE RD., STE, 350 7380 SAND LAKE RD., STE. 350 ORLANDO FL 32819 ORLANDO FL 32819 DC052724 2. Principal Place of Business 3. Mailing Address 7650 UNIVERSAL BLUD 7680 UNIVERSAL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 565 SUITE SOS City & State Applied For City & State 4. FEI Number 59-3596504 OPLANTO FL Not Applicable OFLANDO Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32819 Fee Required 32819 OSA US A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LIERFY. DAVIO-HANNA. DAVID H JR. Street Address (P.O. Box Number is Not Acceptable) 7380 SAND LAKE RD., STE. 350 7680 UNIVERSAL BLUD ORLANDO FL 32819 SUITE 565 Zip Code 32-219 City ORLANDO 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** (NOTE: Registered Agent signature required when reinstating) ed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME CRONIN, RICHARD B NAME STREET ADDRESS 7680 UNIVERSAL BLUD, STE 565 STREET ADDRESS 7380 SAND LAKE RD., STE, 350 CITY-ST-ZIP ORIANDO FL 32819 CITY-ST-ZIP ORLANDO FL 32819 ☐ Addition Delete Change TITLE TITLE NAME NAME CRONIN, MICHAEL STREET ADDRESS STREET ADDRESS 7380 SAND LAKE RD STE 350 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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

Richard B. (ranin April 30,200; 407-363-7040