

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077432

1. Entity Name

TRANS CONTINENTAL PRODUCTIONS, INC.

Principal Place of Business

7380 SAND LAKE RD., STE. 350  
ORLANDO FL 32819

Mailing Address

7380 SAND LAKE RD., STE. 350  
ORLANDO FL 32819

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HANNA, DAVID H JR.  
7380 SAND LAKE RD., STE. 350  
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name Louis J. Pearlman  
Street Address (P.O. Box Number is Not Acceptable)  
7380 Sand Lake Rd  
Suite 350  
City Orlando FL Zip Code 32819

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

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	D	<input type="checkbox"/> Delete
NAME	PEARLMAN, LOUIS J	
STREET ADDRESS	7380 SAND LAKE RD.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIEGEL, ALAN A	
STREET ADDRESS	7380 SAND LAKE RD.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISCHETTI, ROBERT S	
STREET ADDRESS	7380 SAND LAKE RD.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SICOLI, FRANK I	
STREET ADDRESS	7380 SAND LAKE RD.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis J. Pearlman

DATE

4/24/01

DAYTIME PHONE #

407-345-0004

FILED  
Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90130 007 \*\*\*150.00

00044410



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3596511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

CR2E034 (10/00)