

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90068 009 ***150.00

DOCUMENT # P990000 82453 ✓

1. Entity Name

SS THE WONDERPONY PRODUCTIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

605 CEMETERY ROAD

3. Mailing Address

605 CEMETERY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
GENEVA FLA

City & State
GENEVA FLA

4. FEI Number

59-3601797

Applied For

Not Applicable

Zip
32732

Country
USA

Zip
32732

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KNOCKE, PETER A

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

605 CEMETERY RD

City
GENEVA

FL

Zip Code
32732

**DO NOT WRITE
IN THIS SPACE**

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

Peter A. Knocke

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 28 2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PS
KNOCKE, PETER
605 CEMETERY RD
GENEVA FLA 32732

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter A. Knocke, PS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER A. KNOCKE

4/28/2002 321-794-1766

Date

Daytime Phone #