

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083162

Entity Name

U/L LAGOON PRODUCTIONS, INC.

04-21-2000.90002 001 ***158.75

P99000083162

FILED

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SECRETARY OF STATE

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
JUPITER LAW CENTER, CHASEWOOD PLAZA 6390 INDIANTOWN ROAD STE 30 JUPITER FL 33458	C/O JUPITER LAW CENTER, CHASEWOOD PLAZA 6390 INDIANTOWN ROAD STE 30 JUPITER FL 33458-4657

Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0955521	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUMSON, RICHARD P ESQ C/O JUPITER LAW CENTER, CHASEWOOD PLAZA 6390 INDIANTOWN ROAD STE 30 JUPITER FL 33458	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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's signature required when registering)	DATE
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This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <i>William T. Schutze</i>	Date: 4/5/00 (561) 844 - 1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #
WILLIAM T. SCHUTZE	

CR2E034 (9/99)