Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 07, 2000 8:00 am Secretary of State DOCUMENT # P99000094692 1. Entity Name DOGGED FILMS, INC. 59-360-1682 05-19-2000 90017 039 ***150.00 Principal Place of Business Mailing Address **300 LAKE SEDELIA** 300 LAKE SEDELIA MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite; Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4, FEI Number Applied For 360-164 Not Applicable Zio : Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent QUALMANN, CHRISTOPHER R Street Address (P.O. Box Number is Not Acceptable) 101 SOUTHHALL LANE, SUITE 400 MAITLAND FL 32751 City 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. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 : Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. -, EO'N 'SIKE Delete CROMER, ALSA NAME STREET ADDRESS 300 lake sedelia CITY-ST-ZIP CT 710 Mattland FL 32751 든 ☐ Chance ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Detete 71TR E ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition □ Delete STREET ADDRESS CITY-ST-ZIP ST-21P ☐ Addition ☐ Change Delete TITLE NAME STREET ADORESS ST-218_ p CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS CITY-ST- DP. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Floride 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.