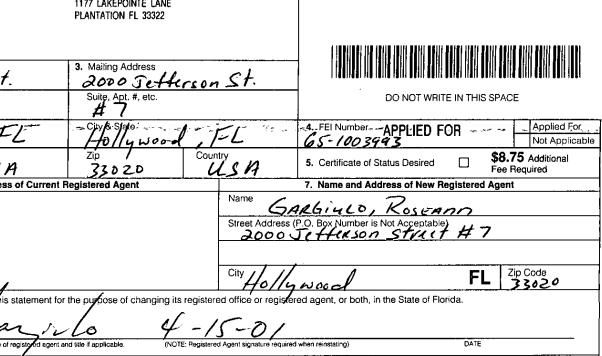
## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000100600 1. Entity Name R.G.M. PRODUCTIONS INC. Principal Place of Business Mailing Address 1177 LAKEPOINTE LANE 1177 LAKEPOINTE LANE PLANTATION FL 33322 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address 2000 Jefferson St. 2000 Jetterson Suite, Apt. #, etc. Suite, Apt. #, etc.

## Apr 23, 2001 8:00 am Secretary of State

04-23-2001 90212 016 \*\*\*150.00



9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

GARGIULO, ROSEANN

The above named entity submits

SIGNATURE

1177 LAKEPOINTE LANE PLANTATION FL 33322

Country

USA

6. Name and Address of Current Registered Agent

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

Country

33020

0

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See crite	ria on back)	9	Make Check Payable	to Departmen	t of State	Trace and Commodition		
11.	OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARZIULO, ROSEANN 1177 LAKE POINTE LANE PLANTATION FL 33322		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Holly.	IULO, ROSEANN Jefferson St H7 Wood, FL 33020	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARIGINLO, ROSEANN 1177 LAKE POINTE LANE PLANTATION FL 33322	ودري ومعيسين	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 2000 Je	GARGINLO, ROSI HASONS+ H7	Thange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARZINLO, ROSEANN 1177 LAKE POINTE LANE PLANTATION FL 33322		□ Delete	TITLE STABLE STREET ADDRESS CITY-ST-ZIP	GARG 2000 J	inco, Roseann efficien St #7 wood, FL33020	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	D Garziulio, Roseann 1177 Lakepointe Lane Plantation Fl 33322		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	GARG	in Lo, Rosephin Jefficson S+ H7 wood Fl 23020	□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

13. I hereby certify that the information supplied with this filling 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:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR