

'2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000103537**

1. Entity Name

WATERSHED FILMS, INC.

Principal Place of Business

**7550 HINSON STREET, SUITE 15A
ORLANDO FL 32819**

Mailing Address

**7550 HINSON STREET, SUITE 15A
ORLANDO FL 32819**

2. Principal Place of Business

**7550 HINSON ST.
Suite, Apt. #, etc.
#15A**

3. Mailing Address

**7550 HINSON STREET
Suite, Apt. #, etc.
#15A**

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32819

Country

USA

Zip

32819

Country

USA

4. FEI Number

59-3628468

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	PARKS, WALLY	7550 HINSON STREET, SUITE 15A	ORLANDO FL 32819	<input type="checkbox"/>					
	D	DEGROOT, NEIL P	110 14TH AVENUE, N.E.	ST. PETERSBURG FL 33701	<input type="checkbox"/>					
	D	BROOKE, JAMES	7550 HINSON STREET, SUITE 15A	ORLANDO FL 32819	<input type="checkbox"/>					
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91084 021 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)