2001 UNIFORM BUSINESS REPORT (UBR) May 03, 2001 8:00 am Secretary of State DOCUMENT # **P99000106475** GARAGE GROUP PRODUCTIONS, INC. 05-03-2001 91002 002 ***150.00 Principal Place of Business Mailing Address 1000 UNIVERSAL STUDIOS PLAZA BLDG 22A S238 1000 UNIVERSAL STUDIOS PLAZA BLDG 22A S238 ORLANDO FL 32819 ORLANDO FL 32819 Principal Place of Business TakeRd, DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3612063 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired narge Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HASIAK, GREGORY 12500 BUTTLER BAY CT WINDERMERE FL 34786 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 gistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. **PCEO** TITLE ☐ Delete TITLE EVANS, DAVID H NAME STREET ADDRESS 12500 BUTLER BAY COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 TITLE ☐ Delete ANS, MARYANN Change Addition ANS, MARYANN Change Addition Addition Step 200 Jando, FL 32819 TITLE NAME EVANS, MARY ANN NAME STREET ADDRESS STREET ADDRESS 12500 BUTLER BAY COURT CITY-ST-ZIP CITY-ST-7IP WINDERMERE FL 34786 TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATUSE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-06-01

407-370-2500

☐ Change

Addition

Date

Daytime Phone #