**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S91746  1. Entity Name GROUP ONE PRODUCTIONS, INC.							Jan 30, 2002 8:00 am Secretary of State 01-30-2002 90162 006 ***150.00				
Principal Pla	Address										
2555 TEMPLE WINTER PAR			2555 TEMPLE TRAIL WINTER PARK FL 32789								
Principal Place of Business     3. Mailing Address											
			3. Mailing Address					innum metri melmet melmet Melmet	1 81811 818	AL BIRH INGL	
Suite, Apt			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	ate	City &	City & State			<b>4.</b> F	FEI Number <b>59-309358</b>	1		Applicable	
Zip 	Zip Country		Zip Cour		ry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address	of Current Registered	Agent		Name	7. N	lame and Address of New	Registered Agent	٠.,		
SAUNDERS, BURT L.					Street Address (P.O. Box Number is Not Acceptable)						
1780 4TH STREET SOUTH NAPLES FL 33 <del>940</del>							· · · · · · · · · · · · · · · · · · ·	<del>, -</del> -			
	. • • • • • • • • • • • • • • • • • • •				City		-144	FL Z	ip Code		
Tax filing (See crite	Signature, typed or printed name of re poration is eligible to satisfy its requirement and elects to do pria on back)	s Intangible so. Make	FILE NOW!! Ifter May 1, 200 Check Payabl	! FEE I 2 Fee v le to De	vill be \$550.0	00 State	10. Election Campaign F Trust Fund Contributi	on. $\square$	<b>\$5.00</b> Added t		
11. TITLE	<u> </u>	CERS AND DIRECTORS	☐ Delete	12.		ADI	DITIONS/CHANGES TO OF				
NAME STREET ADDRESS CITY-ST-ZIP	D FUGLEBURG, LYLE P 2555 TEMPLE TRAIL WINTER PARK FL 32789		LJ Delete	NAME STREE	T ADDRESS ST-ZIP			<u> </u>	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCH, ROBERT A. 2555 TEMPLE TRAIL WINTER PARK FL 32789	)	□ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			CI	nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUZAR, FREDERICK W 2555 TEMPLE TRAIL WINTER PARK FL 32789		□ Delete	NAME STREET	r address St-Zip			Cr	ange	Addition	
TITLE NAME Street address City-St-Zip	D Saunders, Burt L 2555 Temple Trail Winter Park Fl 32788		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			□ Cr	iange	☐ Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREET CITY-S	ADDRESS			□ Cr	iange	☐ Addition	
ITLE IAME Street address City-St-Zip			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			□ Ch	ange	☐ Addition	
of the cor		ai report is true and acc istee empowered to exe	curate and that my cute this report a like empowered.	y signatu s require	re shall have t d by Chapter	he same le	anal effect se if made under	noth: that I am an a	officer or < 11 or B	director lock 12 if	

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-629-0595 Daytime Phone #