

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90146 017 ***150.00

DOCUMENT # V03002

1. Entity Name

GENIUS PRODUCTS, INC.

Principal Place of Business

**4400 INDEPENDENCE COURT
 SARASOTA FL 34234
 US**

Mailing Address

**4400 INDEPENDENCE COURT
 SARASOTA FL 34234
 US**

2. Principal Place of Business

416 BURNS COURT

Suite, Apt. #, etc.

3. Mailing Address

416 BURNS COURT

Suite, Apt. #, etc.

City & State

SARASOTA Florida

City & State

SARASOTA Florida

Zip

34236

Country

USA

Zip

34236

Country

USA

4. FEI Number

65-0305863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DUFFEY, SAMUEL S
 4400 INDEPENDENCE COURT
 SARASOTA FL 34234**

7. Name and Address of New Registered Agent

DUFFEY, SAMUEL S

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

416 BURNS COURT

City

SARASOTA

FL

Zip Code

34236

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

SAMUEL S. DUFFEY

4.22.02

Signature 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. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

TITLE	STPD	<input type="checkbox"/> Delete
NAME	MICHAEL, STEPHEN	
STREET ADDRESS	4400 INDEPENDENCE COURT	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	CD	<input type="checkbox"/> Delete
NAME	DUFFEY, SAMUEL S	
STREET ADDRESS	4400 INDEPENDENCE COURT	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	416 BURNS COURT	
CITY-ST-ZIP	34236	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	416 BURNS COURT	
CITY-ST-ZIP	34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

STEPHAN A. MICHAEL

4.22.02 (941) 954 4536

Date

Daytime Phone #

CR2E034 (9/01)