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	Mailing Address
4400 INDEPENDENCE COURT SARASOTA FL 34234 US	4400 INDEPENDENCE COURT SARASOTA FL 34234 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
416 BURNS COURT	416 BURNS COURT
Suite, Apt. #, etc.	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	7. Name and Address of New Registered Agent
DUFFEY, SAMUEL S 4400 INDEPENDENCE COURT SARASOTA FL 34234	Name: 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 DATE: 4.22.02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STPD MICHAEL, STEPHEN 4400 INDEPENDENCE COURT SARASOTA FL 34234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	■ Change ☐ Addition 416 BURNS COURT 34236
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD DUFFEY, SAMUEL S 4400 INDEPENDENCE COURT SARASOTA FL 34234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	■ Change ☐ Addition 416 BURNS COURT 34236
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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: STEPHEN A. MICHAEL 4.22.02 (941) 954 4536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)