

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-10-2002 90061 022 ***158.75

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V07103

1. Entity Name IDEAS PRODUCTION, INC.

DO NOT WRITE IN THIS SPACE

90755

2. Principal Place of Business
155 COOPER COURT

3. Mailing Address
155 COOPER COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number

Applied For

Not Applicable

Zip 32835

County ORANGE

Zip 32835

County ORANGE

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name David Montanez

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

155 Cooper Court

City Orlando

FL

Zip Code 32835

**DO NOT WRITE
IN THIS SPACE**

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

David Montanez

5/28/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 15-May 15 Fee is \$150.00
After May 15 Fee is \$350.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MONTANEZ, DAVID
155 COOPER COURT
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David Montanez

DAVID MONTANEZ

4/25/02 (407) 293-7515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20348 (12/01)