

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V12343

1. Entity Name

S SQUARED PRODUCTIONS, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90203 005 ***150.00

Principal Place of Business

1331 RED CEDAR CIRCLE
FT COLLINS CO 80524
US

Mailing Address

1331 RED CEDAR CIRCLE
FT COLLINS CO 80524-2005
US

80007546



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3111798**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBIN, TRACY J ESQ
100 S ASHLEY DR, STE 1500
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name 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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MCCAFFREY, MAUREEN T
1331 RED CEDAR CIRCLE
FT COLLINS CO ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
FALES, STEVEN
6011 RODMAN ST, 3RD FLOOR
HOLLYWOOD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
SCLAFANI, EILEEN
790 MANCILL RD
WAYNE PA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SCLAFANI, S C
790 MANCILL RD
WAYNE PA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCAFFREY, JOAN M
962 RICHMOND DR, STE #3
FT COLLINS CO 80526 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SUSAN M. SHARP
1573 COLRS AVENUE
MOUNTAIN SIDE, NJ 07093 ☐ Change ☒ Addition

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

Date

Daytime Phone #

1/20/00 970-493-379-