

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90021 021 ***150.00

DOCUMENT # V12343

1. Entity Name

S SQUARED PRODUCTIONS, INC.

Principal Place of Business

**1331 RED CEDAR CIRCLE
 FT COLLINS CO 80524
 US**

Mailing Address

**1331 RED CEDAR CIRCLE
 FT COLLINS CO 80524
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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, 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 **DP** ☐ Delete
 NAME **MCCAFFREY, MAUREEN T**
 STREET ADDRESS **1331 RED CEDAR CIRCLE**
 CITY-ST-ZIP **FT COLLINS CO**

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

TITLE **DS** ☐ Delete
 NAME **HOOPINGARNER, BRETT**
 STREET ADDRESS **125 COLUMBIA ROAD, #851**
 CITY-ST-ZIP **FORT COLLINS CO 80525**

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

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

TITLE **D** ☐ Delete
 NAME **SHARP, SUSAN M**
 STREET ADDRESS **1373 COLES AVE**
 CITY-ST-ZIP **MOUNTANSIDE NJ 07093**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **80524**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2450 Hollywood Blvd., Ste 202**
 CITY-ST-ZIP **Hollywood FL 33020**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **125 Columbia, #831**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **19087**

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1573 Coles Ave**
 CITY-ST-ZIP **MOUNTANSIDE, NJ 07092**

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

2/6/02

Date

970-493-2716

Daytime Phone #

CR2E034 (9/01)