

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90337 009 \*\*\*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

**700 E. BRADLEY ST.**

Suite, Apt. #, etc.

3. Mailing Address

**700 E. BRADLEY ST.**

Suite, Apt. #, etc.

City & State

**LARAMIE WY**

Zip

**82072**

Country

**USA**

City & State

**LARAMIE WY**

Zip

**82072**

Country

**USA**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **MCCAFFREY, MAUREEN T**  
STREET ADDRESS **1331 RED CEDAR CIRCLE**  
CITY-ST-ZIP **FORT COLLINS CO 80524**

TITLE **DP** ☐ Delete  
NAME **FALES, STEVEN**  
STREET ADDRESS **2450 HOLLYWOOD BLVD STE 202**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **DS** ☐ Delete  
NAME **HOOPINGARNER, BRETT**  
STREET ADDRESS **125 COLUMBIA, #831**  
CITY-ST-ZIP **FORT COLLINS CO 80525**

TITLE **T** ☐ Delete  
NAME **SCLAFANI, S C**  
STREET ADDRESS **790 MANCILL RD**  
CITY-ST-ZIP **WAYNE PA 19087**

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 **1573 COLES AVE**  
CITY-ST-ZIP **MOUNTAINSIDE NJ 07092**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **700 E. BRADLEY STREET**  
STREET ADDRESS **LARAMIE, WY 82072**  
CITY-ST-ZIP

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SUSAN M SHARP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/03**  
Date

**307-742-2245**  
Daytime Phone #

CR2E034 (10/02)