

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90634 048 ***150.00

DOCUMENT # V37782

1. Entity Name
P.R. PRODUCTIONS, INC.



Principal Place of Business
**5800 OVERSEAS HWY
SUITE #17
MARATHON FL 33050**

Mailing Address
**PO BOX 510732
KEY COLONY BEACH FL 33051**



2. Principal Place of Business

3. Mailing Address

5800 Overseas Hwy

Suite, Apt. #, etc.

Suite 17

City & State

Marathon, FL

Zip

33050

Country

USA

4. FEI Number **65-0330380**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NARDONE, PAULA R.
320 5TH STREET
KEY COLONY BEACH FL 33051**

Name

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

1400 79th St., O.

City

Marathon

FL

Zip Code

33050

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete
NAME **NARDONE, PAULA R.**
STREET ADDRESS **320 5TH STREET**
CITY-ST-ZIP **KEY COLONY BEACH FL 33051**

☒ Change ☐ Addition
TITLE **1400 79th St., O.**
NAME **MARATHON, FL**
STREET ADDRESS **33050**
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **MORGAN, HILL P**
STREET ADDRESS **320 5TH STREET**
CITY-ST-ZIP **KEY COLONY BEACH FL 33051**

☒ Change ☐ Addition
TITLE **1400 79th St., O.**
NAME **MARATHON, FL**
STREET ADDRESS **33050**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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☐ Change ☐ Addition
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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:

PAULA R. NARDONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 305-743-9393
Date Daytime Phone #

CR2E034 (10/02)