817 307 3405

Daytime Phone #

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT/(UBR)

SIGNATURE:

Jul 31, 2003 8:00 am **Secretary of State** DOCUMENT # V54210 07-31-2003 90071 043 \*\*\*150.00 1. Entity Name WILD ROPE PRODUCTIONS, INC. Principal Place of Business Mailing Address 2704 BEE RIDGE RD 2704 BEE RIDGE RD 2ND FLR 2ND FLR SARASOTA FL 34239 SARASOTA FL 34239 US US 2. Principal Place of Business 3. Mailing Address 1400 CATTLEMAN 400 CAMEMAN ED Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0348922 SARASOTA PRASOTA Not Applicable Couptr Country \$8.75 Additional 5. Certificate of Status Desired 15A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FETTERMAN, JAMES C. Street Address (P.O. Box Number is Not Acceptable) 515 S WASHINGTON BLVD SARASOTA FL 34236 City 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 \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITI F Delete TITI F ☐ Change NAME FETTERMAN, JAMES C. NAME 515 S WASHINGTON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE ← Change ☐ Addition TITLE ☐ Delete BRUCE, VINCE NAME NAME 50 E 3RD ST APT 5C STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST=ZIP NEW YORK NY TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ation 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 plemental 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 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 with an address, with all other the empowered. 12. I hereby certify that the inform of the corporation or the rece changed, or on an attachmen

HHOCHMENT 801349510

1) N. A Corporations Uniform Ensiness Report filings P.O. Box 1500 Tallahassee

July 24th 2003

To Whom IT May Concert

Please find enclosed my 2003 Uniform

Ensiness report and a Check for \$150.00

Takes me all over the Country and I'm on the road

. Most of the time. I did not receive the

Is hotice to file because of Sometimes not beceiving

I hope very much you'll understand and accept the enclosed Check

John Sincerely Ince Stace WILD Rope Productions "- Meiman Rd.

1400 Carrieman Rd. SavasoTA, FL 34232