2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V66219

821 5TH AVE SOUTH #201

NAPLES, FL 34102

Address: City-St-Zip: FILED Apr 30, 2002 8:00 AM Secretary of State

Entity Name: GABLE PRODUCTIONS, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2600 GOLE NAPLES, F		PARKWAY US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 4 NAPLES, F		US			
FEI Number:	65-0364019	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				f New Registered Agent:	
ELKINS, JAMES W 821 5TH AVE SOUTH STE 201 NAPLES, FL 34102			GABLE, LAMAR 2600 GOLDEN GATE NAPLES, FL 34105	2600 GOLDEN GATE PARKWAY	
The above in the State		ry submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: LAMAR GABLE				04/30/2002	
	Electr	onic Signature of Registered Age	nt	Date	
		e to satisfy its Intangible Tax filing requiring Trust Fund Contribution ().	uirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GABLE, LAN	EN GATE PARKWAY	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D COLLIER, B 2600 GOLDI NAPLES, FL	EN GATE PARKWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D ELKINS, JAN	(X) Delete /IES W	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LAMAR GABLE Ρ 04/30/2002