

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90011 041 \*\*\*158.75

00010010



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # V69634</b>
<b>1. Entity Name</b> BREAKTHROUGH PRODUCTIONS, INC.

<b>Principal Place of Business</b> 6706 BENJAMIN ROAD/300 TAMPA FL 33634	<b>Mailing Address</b> 6706 BENJAMIN ROAD/300 TAMPA FL 33634-4419
--	---

<b>2. Principal Place of Business</b> 6704 Benjamin Rd. Suite, Apt. #, etc. 500 City & State Tampa, FL Zip 33634 Country H. H. S. Borough	<b>3. Mailing Address</b> 6704 Benjamin Rd. Suite, Apt. #, etc. 500 City & State Tampa, FL Zip 33634 Country H. H. S. Borough
--	--

<b>4. FEI Number</b> 59-3150243	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  SMITTY, SMITH 3802 EHRLICH SUITE 210 TAMPA FL 33624
--

<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)   City FL Zip Code
---

<b>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.</b>	
<b>SIGNATURE</b> <u>MARK SAPANARA</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>1-24-00</u> <small>DATE</small>

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> <small>(See criteria on back)</small>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	---	---

11. OFFICERS AND DIRECTORS	
<b>TITLE</b> D <b>NAME</b> PRICE, STEVE <b>STREET ADDRESS</b> 10427 ORANGE GROVE DRIVE <b>CITY-ST-ZIP</b> TAMPA FL 33618	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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.</b>
--

<b>SIGNATURE:</b> <u>STEVE PRICE</u>	<u>1/26/2000</u> <u>(813) 881-1638</u>
--------------------------------------	--

CR2E034 (9/99)