

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/19/0

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90100 004 \*\*\*150.00

**DOCUMENT # V69634**

1. Entity Name

**BREAKTHROUGH PRODUCTIONS, INC.**

Principal Place of Business

6704 BENJAMIN RD  
500  
TAMPA FL 33634

Mailing Address

6704 BENJAMIN RD  
500  
TAMPA FL 33634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3150243**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITTY, SMITH  
3802 EHRICH  
SUITE 210  
TAMPA FL 33624

*\* please change  
to new AGENT*

7. Name and Address of New Registered Agent

Name

**MARK SAPANARA**

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

**110 N. MACDILL AVE.**

City

**TAMPA**

**FL**

Zip Code  
**33609**

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.

SIGNATURE

*Signature, typed or printed name of registered agent and title if applicable*  
**STEVE PRICE, President**

(NOTE: Registered Agent signature required when reinstating)

**1/8/2001**

DATE

*Mark Sapanara*  
**1/29/01**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **D President**  
NAME **PRICE, STEVE**  
STREET ADDRESS **10427 ORANGE GROVE DRIVE**  
CITY-ST-ZIP **TAMPA FL 33618**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

*Signature, typed or printed name of signing officer or director*  
**STEVE PRICE, President**

Date

Daytime Phone #

**1/8/2001 (813) 881-1638**

CR2034 (10/00)