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

V72050

1. Entity Name

SUITE C

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SCI PRODUCTIONS, INC.

DOCUMENT #



Principal Place of Business 1012 E CERVANTES ST.

Mailing Address

1012 E CERVANTES ST.

SUITE C

PENSACOLA FL 32501		PENSACOLA FL 32501				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE	CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-314984	Applied For Not Applicate	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
			Name	Name		
BUNZE, DOUGLAS S. 1012 E CERVANTES ST			Street A	Street Address (P.O. Box Number is Not Acceptable)		
PENSACC	DLA FL 32501					
			City	City FL Zip Code		
	e named entity submits this statement tions of registered agent.	ent for the purpose of changing	its registered office or	registered agent, or both, in the State of F	lorida. I am familiar with, and accep	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (N	IOTE: Registered Agent signat	ure required when reinstating)	DATE	
ှိ Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550 k Payable to Florida Departme	0.00		9. Election Campaign F Trust Fund Contributi	_ +0.00	
10.	, OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OF	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUNZE, DOUGLAS S. 1012 E CERVANTES ST PENSACOLA FL 32501	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	

CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TĮTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

TITLE

NAME

NAME

☐ Delete

☐ Delete

12. I hereby certify that the information supplied with this filling 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.

Daytime Phone #

Change

Change

**FILED** 

Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90164 043 \*\*\*150.00

☐ Addition

■ Addition