

AGREEMENT AND ACTIVITIES REPORT

No 1245 0003
Expires 10 31 2013

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C- 694

497962

Person Filing

2. Name and mailing address (include ZIP Code):

Name Russell Brown

Title President

Organization RoadWarrior Productions LLC

P.O. Box, Bldg., Room No., if any

Street 108 S Indian Circle

City Cocoa

State Florida

ZIP Code + 4 32922

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

Dec

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5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Steve McClellan

Organization Professional Transportation Inc

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 3325 Plymouth Street

City Jacksonville

State Florida

ZIP Code + 4 32205

7. Date entered into:

4 / 17 / 2012

8. Name of person(s) through whom made:

Name

Name

Name

Name

Name

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed

President
(If other title, see instructions)

Title President

14. Signed

Treasurer
(If other title, see instructions)

Title Other (Specify)

n/a

On 5/19/2012

Date

3215078997

Telephone Number

On

Date

Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

\$1,500 per day

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Educate employees and managers of rights concerning the Act.

11 b Period during which performed:

Various dates beginning 4/19/2012

11 c Extent performed:

Completed

11.d. Name and address through whom performed:

Name Phillip B Wilson

Organization LRICS

P.O. Box, Bldg., Room No., if any 1529

Street 7850 S Elm Place

City Broken Arrow

State Oklahoma

ZIP Code + 4 74013

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

Drivers

12.b. Identify subject labor organizations:

Teamsters