2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # K57283 1. Entity Name 04-05-2004 90084 023 ***150.00 FREE SPIRIT ENTERTAINMENT, INC. Principal Place of Business Mailing Address 4333 SAWYER RD. 4333 SAWYER RD SARASOTA FL 34233 US SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0099036 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required~ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FREDENBURG, KEVIN R. Street Address (P.O. Box Number is Not Acceptable) 4333 SAWYER RD SARASOTA FL 34233 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or orinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE Delete ☐ Change ☐ Addition TITLE NAME FREDENBURG, KEVIN R. NAME 4333 SAWYER RD STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP n TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FREDENBURG, DENNIS R. NAME STREET ADDRESS 4356 PINE MEADOW TERRACE STREET ADDRESS SARASOTA-FL-TITLE D ☐ Delete ☐ Change ☐ Addition TITLE FREDENBURG, SUE J. --NAME STREET ADDRESS 4356 PINE MEADOW TERRACE STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STIDHAM, RICHARD NAME NAME 4333 SAWYER RD. STREET ADDRESS STREET ADDRESS SARASOTA FL 34233 CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

like empowered

SIGNATURE:

FILED