2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 23, 2003 8:00 am Secretary of State DOCUMENT # N35688 1. Entity Name 04-23-2003 90191 014 ****61.25 SUNCOAST CLASSIC JAZZ, INC. Principal Place of Business Mailing Address PO BOX 1945 PO BOX 1945 LARGO FL 33779-1945 LARGO FL 33778-1945 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2986002 Not Applicable Zip Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FANNING, DAVID S Street Address (P.O. Box Number is Not Acceptable) 7602 DARTMOUTH AVE N SAINT PETERSBURG FL 33710 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME FANNING, DAVID NAME STREET ADDRESS STREET ADDRESS 7602 DARTMOUTH AVE N CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33710 ☐ Change Addition ☐ Delete TITLE TIT! F NAME DOMBER, MAT NAME STREET ADORESS STREET ADDRESS 2189 CLEVELAND STREET, #225 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete ☐ Addition Change TITLE TITLE PATTERSON, BEVERLY NAME NAME STREET ADDRESS STREET ADDRESS 572 WOODLAND DR CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33771 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME KELLY, MAXINE NAME STREET ADORESS STREET ADDRESS 10265 ULMERTON RD. CITY-ST-ZIP CITY-ST-ZIP LARGO_FL ☐ Delete TITLE Change Addition TITLE NAME JACOBS, CHARLIE NAME STREET ADDRESS 1867 BRENTWOOD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33761**

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 617, 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

WIMPFEN, SHIRLEY

1915 58TH ST SOUTH

GULF PORT FL 33707

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

Change

☐ Addition