9/12/2002-90084-031-\$550.00-\$550.00 2002 UNIFORM BUSINESS REPORT (UBR) P01000007162 DOCUMENT*# FILED 1. Entity Name SEPTIC TANK STUDIOS, INC. 02 OCT 24 PM 6: 26 Principal Place of Business SEURE IARY OF STATE TALLAHASSEE, FLORIDA Mailing Address 105 W. JACKSON ST. 403 \$. Palafox ST. 105 W. JACKSON ST. 403 S. PALATOL ST PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-Zip . Not Applicable 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 Name FARRINGTON, WILLIAM E IR Street Address (P.O. Box Number is Not Acceptable) 307 S. PALAFOX ST. PENSACOLA FL 32501 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. It am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. \Box Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE NAME **4**02 JONES, ROY JR ☐ Change ☐ Addition NAME 105 W. JACKSON ST. 403 S. PA JAFEN ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP E034 PENSACOLA FL 32501 CITY-ST-ZIP TITLE Defete TITLE NAME ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ☐ Delete TITLE NAME Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(1), 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 SIGNATURE: REQUIRED

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #