2002 Uniform Business Report (UBR)

Mar 28, 2002 8:00 am Secretary of State DOCUMENT # P94000073444 1. Entity Name 03-28-2002 90122 018 ***150 00 J.T. SMITH'S ENCORE PRODUCTIONS, INC. Principal Place of Business Mailing Address 1805 IBIS LANE P.O. BOX 344 SANIBEL FL 33957 SANIBEL FL 33957 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 65-0555746 Not Applicable Zip 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 SMITH, J T Street Address (P.O. Box Number is Not Acceptable) 1805 IBIS LANE Sanibel FL 33957 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. 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 \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ■ Addition ☐ Change CR2E034 (9/01 NAME SMITH, JOHN T NAME STREET ADDRESS 1805 IRIS LANE STREET ADDRESS CITY-ST-7IP sanibel fl CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME ST. JOHN, MARILYN NAME STREET ADDRESS **579 RABBIT RD** STREET ADDRESS CITY-ST-7IP Sanibel Fl CITY-ST-ZIP TITLE STD Delete TITLE Addition NAME DAVIS, LAUREN NAME Davies, Laurer STREET ADDRESS 1597 SANDCASTLE RD. 1597 Sandcastle Rd STREET ADDRESS CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with

SIGNATURE: GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR