2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000099103** May 02, 2000 8:00 am Secretary of State 1. Entity Name TOUCHDOWN ENTERTAINMENT GROUP, INC. 05-02-2000 90086 032 ***150.00 Principal Place of Business Mailing Address 2641 W. ABIACA CIRCLE 2641 W. ABIACA CIRCLE DAVIE FL 33328-7137 DAVIE FL 33328 2. Principal Place of Business 3. Mailing Address ABIACA CIR 2641 W. ABIACA CIT 2641 W. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State DAVIE, FL FL DAVIE Not Applicable Country Country \$8.75 Additional え い 5. Certificate of Status Desired 73328 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS, SCOTT Street Address (P.O. Box Number is Not Acceptable) 2641 W. ABIACA CIRCLE DAVIE FL 33328 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Addition DAVIS, BRENDA NAME DAVIS, SCOTT NAME STREET ADDRESS 2641 W. ARIACA CIT. STREET ADDRESS 2641 W. ABIACA CIR. DAVIE, PL 3332B CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33328 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 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 an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

303-4271 Daytime Phone #