**Entity Name:** RATTLE THE CAGE PRODUCTIONS INC.

**Current Principal Place of Business:**
312 SW 14TH COURT
FT. LAUDERDALE, FL 33315

**Current Mailing Address:**
69 PEBBLE LANE
BLACKWOOD, NJ 08012 US

**FEI Number:** 42-1563897

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**
GORSKI, TIMOTHY MIICHAEL
69 PEBBLE LANE
BLACKWOOD, FL 08012 US

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:** TIMOTHY MIICHAEL GORSKI

04/09/2022

**Officer/Director Detail:**

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
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<tbody>
<tr>
<td></td>
<td>GORSKI, TIMOTHY M</td>
<td>69 PEBBLE LANE</td>
<td>BLACKWOOD NJ 08012</td>
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<tr>
<td></td>
<td>PAGELL, DEBORAH</td>
<td>2311 E 10TH ST</td>
<td>AUSTIN TX 78702</td>
</tr>
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<td>GORSKI, ROBERT J</td>
<td>69 PEBBLE LANE</td>
<td>BLACKWOOD NJ 08012</td>
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<tr>
<td>OFFICER</td>
<td>PAGELL, DEBORAH</td>
<td>2311 E 10TH ST</td>
<td>AUSTIN TX 78702</td>
</tr>
</tbody>
</table>

**I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.**

**SIGNATURE:** TIMOTHY MICHAEL GORSKI

04/09/2022

**Date**