2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am **DOCUMENT # 631985 Secretary of State** 1. Entity Name PARADISE T. V., INC. 03-12-2001 90384 044 ***150.00 Principal Place of Business Mailing Address 101 W PLANT STREET 101 W PLANT STREET WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1939119 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DENNIS TARDIFF, DENNIS M. 230 PAGE ST. ORLANDO FL 32806 City ORLANDO 39822 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. 1-26-01 SIGNATURE 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. CR2E034 (10/00) STD Change Addition □ Delete TITLE TITLE ENCINIAS, JOANNE M. NAME NAME STREET ADDRESS STREET ADDRESS 1409 KIMBERLY ST. CITY-ST-ZIP CITY-ST-ZIP OCEE FL. VD. TITLE TITLE Delete TARDIFF, DAVID R. 12145 Cunningham WAY Reno, NV 89504 TARDIFF, DAVID R NAME NAME STREET ADDRESS STREET ADDRESS 521 BREIMON CITY-ST-7IP CITY-ST-ZIP SUN-VALLEY_NV Change Addition THILE ☐ Delete TITLE TAROIFF , Dennis M NAME TARDIFF, DENNIS M. NAME 2801 S. Goldenrod RA. STREET ADDRESS STREET ADDRESS 230 PAGE ST. ORLANDO, FL 32822 CITY-ST-ZIP CITY-ST-7IP ORLANDO FL Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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 an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

Dennis M. Tardiff hes. 1-26-01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition