FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 20, 2001 8:00 am *DOCUMENT # F0000000629 **Secretary of State** 1. Entity Name MOSAIC STUDIOS, INC. 03-20-2001 90022 046 ***150.00 Principal Place of Business Mailing Address 6320 VENTURA DRIVE, SUITE 201 6320 VENTURA DRIVE, SUITE 201 BRADENTON FL 34202 **BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 86-0853242 Not Applicable Zip_ -,_ . Country -Zip 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 CULP, JOANNE Street Address (P.O. Box Number is Not Acceptable) 6320 VENTURA DRIVE, SUITE 201 **BRADENTON FL 34202** City Zip Code 8. The above named ent r submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE A and title if applicable 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Addition TITLE Delete TITLE ☐ Change CULP, JOANNE NAME NAME 6320 VENTURA DRIVE, SUITE 201 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** CITY-ST-ZIP CITY-ST-7IP Addition Delete ☐ Change TITLE TITLE CULP, TERRY LEE NAME NAME 6320 VENTURA DRIVE, SUITE 201 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** -CITY-ST-ZIP = + CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 eupplemental 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 reference 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.