2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # F01000004342** 1. Entity Name SANDBOX SCRIBE, INC. 04-21-2004 90048 039 ***150.00 Principal Place of Business Mailing Address 101 SOUTHHALL LANE, SUITE 400 101 SOUTHHALL LANE, SUITE 400 MAITLAND, FL 32751 MAITLAND, FL 32751 3. Mailing Address 2. Principal Place of Business 958 versailles circle 958 versailles Circle Suite, Apt. #, etc. Suite, Apt. #, etc. 04142004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For maitiana Fl 04-3491150 Not Applicable 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 K Baker ames BAKER, JAMES Street Address (P.O. Box Number is Not Acceptable) 101 SOUTHHALL LANE, SUITE 400 MAITLAND, FL 32751 Versailles Circle Maitland 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BAKER, GORDON NAME NAME STREET ADDRESS 958 VERSAILLES CIRCLE STREET ADDRESS MAITLAND, FL 32751 CITY-ST-ZIP PTD TITLE ☐ Delete TETT F ☐ Change ☐ Addition BAKER, JAMES NAME NAME STREET ADDRESS 958 VERSAILLES CIRCLE STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-7IP - Delete TITLE . Change __ Addition_ BAKER, BRADLEY NAME NAME STREET ADDRESS 14 HILL AVE STREET ADDRESS CITY-ST-ZIP EASTHAMPTON, MA 01027 CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition BAKER, HEATHER NAME STREET ADDRESS 958 VERSAILLES CIRCLE STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BAKER, MELISSA NAME STREET ADDRESS 957 VERSAILLES CIRCLE STREET ADDRESS CITY-ST-ZIP MAITLAND, FL. 32751 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED