2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # G04019** Jun 07, 2000 8:00 am Secretary of State Entity Name BISCHOFF STUDIOS, INC. 03-08-2000 90059 041 ***150.00 Principal Place of Business Mailing Address 902 SOLOMON DAIRY RD 902 SOLOMON DAIRY RD QUINCY FL 32351 **QUINCY FL 32351-6834** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2221979 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required Name and Address of New Begistered Agent 5. Name and Address of Current Registered Agent BISCHOFF, ROBERT H 708 DRYWOOD AVE FERN PARK FL 32730 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent 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, 2000 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CR2E034 (9/99) ☐ Change TITLE ☐ Delete NAME BISCHOFF, ROBERT K NAME STREET ADDRESS STREET ADDRESS 902 SOLOMON DAIRY RD CITY-ST-7IP CITY-ST-ZIP QUINCY FL 32351 Change Addition TITLE **PST** ☐ Delete TITLE BISCHOFF, JO ANN NAME NAME STREET ADDRESS 902 SOLOMON DAIRY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP QUINCY FL 32351 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete -TITLE .. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-7IP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 915-72-Y71D C171-ST-20P Addition Change TIT! F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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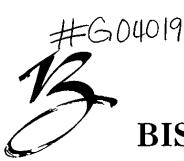
13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

CHATTURE AND TYPED OR PRINTED NAME OF BIGGING OFFICER OR DIRECTOR

3/2/00

850-875 3184 Daytime Phone #



BISCHOFF STUDIOS, INC.

Please excuse my ignorance. Mr. Robert H. Bischoff is still my Registered agent.

> Ikank you, De am Bischoff