2000 UNIFORM BUSINESS REPORT (UBR) Apr 05, 2000 8:00 am Secretary of State **DOCUMENT # H34162** 1. Entity Name THE FOX FOUR COMPANIES, INC. 04-05-2000 90109 035 ***150.00 Mailing Address 1382 Brightwaters Blud., 3837-4TH-ST., NONTH. #330 NE Principal Place of Business 1388 Brightwater BLVD. NE 3697-4TH ST.: NORTH: #330 ST. PETERSBURG FL 33704-1336 ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address 1388 BRIGHTWATERS BLUD.NE 1388 BRIGHTWATERS DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2481137 Not Applicable SM. RETERS BURG PETERSBURG \$8.75 Additional 5. Certificate of Status Desired 33704 PINELLA Fee Required PINELLAS 3370 Y 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 3637 4TH ST., NORTH #330 1388 Brightwoleve Blue Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33704 33304 PETERSBURG 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. Change (TITLE DP ☐ Delete TITLE ☐ Addition NAME FOX IV, FRANK X. NAME 1388 BRIGHTWATERS BLUD. N.E. STREET ADDRESS STREET ADDRESS 3637 4TH ST., NORTH #330 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ST. PLTERSBURG FL 33704 ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 beve 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: