2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/1/2003-90061-048-\$61.25-\$61.25 FILLED 100 OF CORPURATION N02000006628 DOCUMENT # 1. Entity Name SINGLES ROCK, INC. 03 NOV 26 PM 3:57 Principal Place of Business Mailing Address 1393 SHOOTING STAR LANE PO BOX 600079 JACKSONVILLE FL 32260-0079 JACKSONVILLE FL 32259 U\$ 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State FEI Number Applied For 7002881 Not Applicable Zip Country 7in 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 Name MORRISON, TOM Street Address (R.O., Box Number is Not Acceptable) .... 1393 SHOOTING STAR LANE JACKSONVILLE FL 32259 Zip Code 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 10, 2003, min will be \$236.25 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TILLE PRISIDENT ☐ Delete ☐ Addition NAME NAME Ten Mornison 3 Shooting Ska (n **CR2E037** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VICE PRESIDENT TITLE TITLE ☐ Change Addition Ron Selleras NAME NAME 1º407 5703 Kip Bug CK Rel. 1240 Winter Springs RI 32708 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP secretary Theosum ☐ Change ☐ Addition 7m- Jowen -NAME - == NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonulle Fl 32259 TITLE ☐ Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an add

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Singles Rock, Inc.

PO Box 600079 ☐ Jacksonville, Florida 32260-0079 ☐ 904-230-2754 ☐ 877-975-9355 ☐ Fax 904-230-3273 support@singlesrock.com ☐ www.singlesrock.com

Tuesday, November 25, 2003

EULA PETERSON SECRETARY OF STATE DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FL 32314

Dear MS. PETERSON,

Thank you for your prompt attention to this matter on the phone. I have sent this form to the Division of Corporations twice and it seems to not get in the right hands. I sent it the first time with my \$61.25 to renew our filing back when it was first due.

I resent twice the filing with our current Board of Directors and no one could seem to find it. I would ask that you waive the \$175 fee and reinstate our corporation as we discussed. I've sent the copy with an original signature at the bottom right.

Thank you so much for your help.

Sincerely,

Tom Morrison
Executive Director