2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 29, 2004 8:00 am DOCUMENT # N97000004137 **Secretary of State** 1. Entity Name 01-29-2004 90025 020 ****61.25 THE LOOPER GROUP, INC. Principal Place of Business Mailing Address 100 FIRST AVE S 100 FIRST AVE S STE 477 SAINT PETERSBURG FL 33701-4311 STE 477 SAINT PETERSBURG FL 33701-4311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-3386876 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARLSON, ERIC P Street Address (P.O. Box Number is Not Acceptable) 100 FIRST AVE. S. **SUITE 477** SAINT PETERSBURG FL 33701-4311 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 (NOTE; Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Addition RONDOLINO, PATTI NAME 410 SANDY HOOK ROAD STREET ADDRESS STREET ADDRESS TREASURE ISLAND FL 33706 CITY-ST-7IP CITY-ST-ZIP VD THILE ☐ Delete ☐ Change ☐ Addition JOHANSSON, KARL NAME NAME 80 BEACH DRIVE NE STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33701-3914 CITY-ST-ZIP CITY-ST-ZIP **∑** Change TITLE ☐ Delete TITLE ☐ Addition CARLSON, Eric S, Suite 477 100 First Ave S, Suite 477 St. Petusburg, FC 33701 CARLSON, ERIC NAME MAMÉ 100 SECOND AVE., SUITE 200 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33701 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 address with all other like empowered.

FILED

SIGNATURE: