2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # N97000004137 1. Entity Name THE LOOPER GROUP, INC. 04 NOV 30 AM 10: 23 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 100 FIRST AVE S 100 FIRST AVE S **STE 477 STE 477** SAINT PETERSBURG, FL 33701-4311 SAINT PETERSBURG, FL 33701-4311 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11222004 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 59-3386876 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARLSON, ERIC P 100 FIRST AVE. S. Street Address (P.O. Box Number is Not Acceptable) **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 ag SIGNATURE Signature, typed or pri (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Delete TITLE ☐ Addition Johansson Karl 80 Beach Drive NE Saint Petersburg RONDOLINO, PATTI NAME NAME 410 SANDY HOOK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND, FL 33706 CITY-ST-ZIP FL 33701 TITLE ☐ Delete TITLE Change Change ☐ Addition OTTELL SIMON 4940 7240 Ave N JOHANSSON, KARL NAME NAMÉ STREET ADDRESS 80 BEACH DRIVE NE STREET ADORESS SAINT PETERSBURG, FL 337013914 inellas Park FL 3378 CITY-ST-7IP CITY - ST- ZIP ☐ Change TITLE ☐ Delete TITLE Addition CARLSON, ERIC NAME 100043065351 STREET ADDRESS 100 FIRST AVE S. STE. 477 STREET ADDRESS 11/30/04--01038--010 **61.25 ST. PETERSBURG, FL 33701 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE C Delete TITLE ☐ Addition 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 releiver 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 address, with all other like empowered.