FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 27, 2002 8:00 am P00000014795 **DOCUMENT # Secretary of State** 1. Entity Name MONEY IN THE BANK PERFORMERS, INC. 01-27-2002 90045 003 ***150.00 N/c 1/14/6-JOSHUA LIKE, INC. Mailing Address Principal Place of Business 1755 NORTH 8TH STREET 1755 NORTH 8TH STREET 809090 JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 3. Mailing Address 2. Principal Place of Business 1174 N. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State APPLIED FOR JACKSONVILLE Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 222SC 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LIKE, JOSHUA Street Address (P.O. Box Number is Not Accepta 1755 NORTH 8TH STREET JACKSONVILLE BEACH FL 32250 City of for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity symmits this statem SIGNATURE 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, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change **PSTD** ☐ Delete TITLE TITLE LIKE, JOSHUA NAME NAME 1755 NORTH 8TH STREET STREET ADDRESS STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/14/6

904-249-2939

Change

☐ Addition

Daytime Phone #