2002 UNIFORM BUSINESS REPORT (UBR)

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OF SIGNING OFFICER OR DIRECTOR

Mar 07, 2002 8:00 am Secretary of State P00000024524 DOCUMENT # 1. Entity Name CHURCH PRODUCTION DESIGN, INC. 03-07-2002 90060 021 ***150.00 Mailing Address Principal Place of Business 1817 SPICEBERRY CIRCLE EAST 1817 SPICEBERRY CIRCLE EAST JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6._Name and Address of Current Registered Agent... Name SMITH HULSEY & BUSEY Street Address (P.O. Box Number is Not Acceptable) 225 WATER STREET **SUITE 1800** JACKSONVILLE FL 32202 Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01 ☐ Addition ☐ Change **PSTD** ☐ Delete TITLE TITLE ZINK, JAMES NAME NAME 1817 SPICEBERRY CIRCLE EAST STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32246 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete* TITLE TITLE 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 ☐ Change Addition ☐ Delete TITLE TITLE 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 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 acculate 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

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