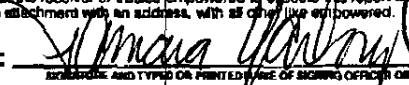


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)****FILED**
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91010 022 ***150.00

DOCUMENT # P0000083527			
1. Entity Name T&C'S RADIO SHACK, INC.			
Principal Place of Business 1169 S. 6TH STREET MACLENNY, FL 32063		Mailing Address 1169 S. 6TH STREET MACLENNY, FL 32063	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3687700		Applied For Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required ☐	
6. Name and Address of Current Registered Agent YARBOROUGH, TAMARA 471 DOGWOOD STREET MACLENNY, FL 32063		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.			
		DATE	
Signature, typed or printed name of registered agent, and date if applicable.		(NOTE: Registered Agent's signature required when withdrawing)	
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARBOROUGH, CHUCK L 471 DOGWOOD STREET MACLENNY, FL 32063	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARBOROUGH, TAMARA 471 DOGWOOD STREET MACLENNY, FL 32063	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other live empowered.			
SIGNATURE: 		4-30-03	
ADDRESS AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2EC04 (10/02/01)