CR2E034 (10/00

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10, 2001 8:00 am DOCUMENT # P00000099628 MC 3830 **Secretary of State** -TGB CONCEPTS, INC. 05-10-2001 90132 013 ***150 00 ighthouse Media Group, Inc. Mailing Address 14620 NORTH NEBRASKA AVE STE 101A 14620 NORTH NEBRASKA AVE STE 101A **TAMPA FL 33613 TAMPA FL 33613** AUUDJZJÖ 2. Principal Place of Business 3. Mailing Address 11211 N. Nebraska Avenue <u> 11211 N. Nebraska Avenue</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE units A-9+10 City & State 4. FEI Number Applied For lampa. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3364 usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARNELL, THOMAS E Street Address (P.O. Box Number is Not Acceptable) 15310 AMBERLY DR STE 175 TAMPA FL 33647 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete X Change Parnell, Thomas PARNELL, THOMAS NAME NAME 11211 N. Nebraska Avenue, Unito A-9+10 STREET ADDRESS 14620 NORTH NEBRASKA AVE STE 101A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33613 Tampa, FL 33647 DVST TITLE Delete TITLE DVSŤ medici, Jonathan NAME RIVETT, DEAN NAME 11211 N. Nebroska Avenuc, Units 199 + 10 14620 NORTH NEBRASKA AVE STE 101A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33613** CITY-ST-ZIP Tampa, FL 33647 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.