## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # P00000101319** 1. Entity Name TANLINE PRODUCTIONS, INC. 04-17-2001 90149 044 \*\*\*150.00 Principal Place of Business Mailing Address 2890 GRIFFIN ROAD #4 2890 GRIFFIN ROAD #4 FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 2. Principal Place of Business 2024 - B Viger (a) Suite, Apt. #, etc. 3. Mailing Address 2024-1 Tige-tail Blue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-1054988 ۴ Not Applicable Dania Country \$8.75 Additional 5. Certificate of Status Desired USA-AZO 33004 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOSSAGE, BRUCE Street Address (P.O. Box Number is Not Acceptable) 2890 GRIFFIN ROAD #4 FORT LAUDERDALE FL 33312 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 nature, typed or printed name of registered agent and title if applicable DATE 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition PSTD TITLE TITI E ☐ Delete GOSSAGE, BRUCE 2024-Bothertil Blod Dania Reach Fl 73004 NAME NAME STREET ADDRESS 2890 GRIFFIN ROAD #4 STREET ADORESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE DEGIACOMO, DAVID NAME MAME 2024 - B Tigential Blad David Beach FL 33004 STREET ADDRESS 2890 GRIFFIN ROAD #4 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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

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.