FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90094 027 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000011380

1. Entity Name

Extreme Scream Company

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PO Box 3624	2709 Via Cipriani
Suite, Apt. #, etc.	Suite, Apt. #, etc. 530A
City & State: Clearwater, FL.	City & State: Clearwater, FL.
Zip: 33767 Country: USA	Zip: 33764 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3704686 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joseph A Pijanowski

Street Address (P.O. Box Number is Not Acceptable): 2709 Via Cipriani

Suite 530A

City: Clearwater FL Zip Code: 33764

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: Joseph A Pijanowski Date: 4-30-02

Signature required of 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 Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P,V NAME STREET ADDRESS CITY-ST-ZIP	President + Vice-President Joseph A Pijanowski 2709 Via Cipriani #530A Clearwater, FL 33764
TITLE S,T NAME STREET ADDRESS CITY-ST-ZIP	Secretary + Treasurer Michael Pijanowski 2709 Via Cipriani #530A Clearwater, FL. 33764
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph A Pijanowski Date: 4-30-02 Daytime Phone #: (727)798-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR