2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000040749

Entity Name: WITNESS BARBERSHOP QUARTET, INC.

Current Principal Place of Business:

6715 KAUAI KING TRAIL
TALLAHASSEE, FL 32308

New Principal Place of Business:

8656 ALEXANDRITE CT
TALLAHASSEE, FL 32309

Current Mailing Address:

6715 KAUAI KING TRAIL
TALLAHASSEE, FL 32308

New Mailing Address:

2910 KERRY FOREST PKWY
D4-155
TALLAHASSEE, FL 32309

FEI Number: 59-3714232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOX, RICHARD N
215 SOUTH MONROE STREET STE 600
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HICKEY, JASON
Address: 6715 KAUAI KING TRAIL
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: WILLIAMS, RANDY
Address: 3165 WHIRLAWAY TRAIL
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: SMITH, KEVIN
Address: 1318 SILVER MOON COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: SMITH, CHRIS
Address: 1512 COPPERFIELD CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HICKEY, JASON
Address: 8656 ALEXANDRITE CT
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON HICKEY D 04/16/2002

Electronic Signature of Signing Officer or Director — Date