2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR P

SIGNATURE:

May 10, 2002 8:00 am Secretary of State DOCUMENT # P01000094161 1. Entity Name 05-10-2002 90023 035 ***150.00 PARADISE REEF PICTURES, INC. Principal Place of Business Mailing Address 7384 WINDSOR LANE 7384 WINDSOR LANE CLEARWATER FL 33764 **CLEARWATER FL 33764** 2. Principal Place of Business 3. Mailing Address SAME AS ABOVE SAME AS ABOVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3750239 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>DAME</u> BROWN, WESLEY Street Address (P.O. Box Number is Not Acceptable) 7384 WINDSOR LANE CLEARWATER FL 33764 Zip Code City FI 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. SIGN, JURE Signature, typ (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May.Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. TITLE PRESIDENT Delete TITLE Change ☐ Addition WESLEY D. BROWN NAME NAME 7384 WINDSOR LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33764 CITY-ST-ZIP SECRETARY = WESLEYD. BILDUN TITLE TITLE Change ☐ Addition 7384 WINDSOR LAWS NAME NAME STREET ADDRESS STREET ADDRESS CLEPARWATER, FL 33764 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete Change TITLE TITLE WESLEP D. BROWN NAME NAME 7884 WINDSOL LANE STREET ADDRESS STREET ADDRESS EARWATER, FL 33764 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ 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

FILED