2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am Secretary of State P01000097130 DOCUMENT # 1. Entity Name 05-13-2002 90184 040 ***150.00 STEVE DUEMIG PRODUCTIONS, INC. Mailing Address Principal Place of Business 13601 FRIGATE CT., M203 13601 FRIGATE CT., M203 **CLEARWATER FL 33762 CLEARWATER FL 33762** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 59-3748799 Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, SMITTY Street Address (P.O. Box Number is Not Acceptable) 3802 EHRLICH RD., SUITE 210 TAMPA FL 33624 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered eacht and title if applicable 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, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution: (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) TITLE ☐ Delete STEVE DUEMIG, PRESIDENT TITLE NAME NAME 13601 FRIGATE COURT, M203 STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33762 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE JENNIFER DUEMIG, VICE PRESIDENT NAME NAME . 13601 FRIGATE COURT, M203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33762 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME JILL DUEMIG, SECRETARY STREET ADDRESS 13601 FRIGATE COURT, M203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33762 Change Addition TITLE □ Delete 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 TITLE ☐ Detete TITLE 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 insee 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 life empowered.

FILED

SIGNATURE: