AND STREET STREET, STREET STREET, STRE 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P01000110453 DOCUMENT # 1. Entity Name PEN PLAY PRODUCTIONS AND CONSULTANTS, INC.

FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90948 001 ***211.25



Principal Place of Business Mailing Address 327 OFFICE PLAZA DR., STE, #108 327 OFFICE PLAZA DR., STE. #108 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 31-1810074 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 Name WALKER, THEDRICK ADDYS Street Address (P.O. Box Number is Not Acceptable) 2803 BOTANY PLACE TALLAHASSEE FL 32301 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **VCFO** President TITLE ☐ Delete TITLE Addition HAMILTON, FREDERICKA J Hamilton Fredericks NAME NAME food かんだいっとい STREET ADDRESS 2904-A BATTLE MOUNTAIN WAY STREET ADDRESS Mahassee, Florida 32301 CITY-ST-ZIP TALLAHASSEE FL 32301 CITY-ST-ZIP PRESIDENT CED TITLE ☐ Delete Change ☐ Addition TITLE wasken, thedeick A WALKER, THEDRICK A NAME NAME A we c Botany STREET ADDRESS 2803 BOTANY PLACE STREET ADDRESS 2803 MODELLANIA CITY-ST-ZIP TALLAHASSEE FL 32301 CITY-ST-ZIP 3 230 C PRESIDEN ☐ Delete MD TITLE ■ Addition Bedell, Linda NAME BEDELL, LINDA Jim Lee Road STREET ADDRESS **4027 SONNET DRIVE** STREET ADDRESS 30123 CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP 32301 TITLE MD ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME JONES, MARLON D STREET ADDRESS 511 S.E. 14TH TERRACE STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32641 CITY-ST-ZIP TITI F MD Delete TITLE Change Addition NAME adams, delane NAME STREET ADDRESS 1033 PINEY Z PLANTATION RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 X Delete MD TITLE Change ☐ Addition TITLE NAME MOSLEY, JOHN NAME STREET ADDRESS 712-B LIBERTY STREET STREET ADDRESS

12. Thereby 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 10 or Block 11 if

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TALLAHASSEE FL 32310

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR