2003 FOR PROFIT CORPORATION

FILED May 01, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (ÚBR P02000094763 **DOCUMENT #** 1. Entity Name 05-01-2003 90824 027 ***163.75 POCKET CHANGE ENTERTAINMENT, INC. Principal Place of Business Mailing Address 7860 NW 50TH STREET #108 7860 NW 50TH STREET #108 LAUDERHILL FL 33351 LAUDERHILL FL 33351 2. Principal Place of Business 3. Mailing Address 1860 N.W. 501h 7860 N.W. SOTH ST. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 4.S.A u.s.a 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCOTT, TERRY Street Address (P.O. Box Number is Not Acceptable) 7860 NW 50TH STREET #108 ELAUDERHILL FL-33351 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. I am familiar with, and accept the obligations of real stered agent. (NOTE: Registered Agent signature required when reinstating) and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:-10. CR2E034 (10/02) C. E. O. Change ☐ Addition TITLE TITLE ☐ Delete NAME Terry Scott NAME STREET ADDRESS STREET ADDRESS 7860 N.W. 50Th ST. CITY-ST-ZIP Auderhal fl. 3335 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE PresideNT TITLE terry Scott NAME NAME BLOW. W. SOTH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP weeth. 11 - 61. 3335 CITY-ST-ZIP ☐ Delete VICE President Change Addition TITLE TIT! F ddie carmichael NAME NAME STREET ADDRESS STREET ADDRESS BGO NAMI SOTH ST. CITY-ST-7IP retary CITY-ST-ZIP TITLE □ Delete Eddie Cardnichael NAME 7860 N.W. SOTH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

TITLE

NAME

TITLE NAME

STREET ADDRESS

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7860 N.W. SOM 8T.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME



04/26/03 (954)261-2337

☐ Change

☐ Change

☐ Addition

☐ Addition