2005 FOR PROFIT CORPORATION

FILED Jul 05, 2005 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P04000084344** 05-04-2005 90125 038 ***150.00 GENUS LOCI STUDIO, CORP Principal Place of Business Mailing Address 27617 SUFFRIDGE DRIVE 27617 SUFFRIDGE DRIVE BONITA SPRINGS, FL 34135 US BONITA SPRINGS, FL 34135 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302005 CR2E034 (10/03) Applied For City & State City & State FEI Number 0-Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBINSON, WAYNE E JR Street Address (P.O. Box Number is Not Acceptable) 27617 SUFFERIDGE DR BONITS SPRINGS, FL FL 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 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Change ■ Addition ROBINSON, WAYNE E JR NAME NAME STREET ADDRESS 27617 SUFFRIDGE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS, FL 34135 VΡ ☐ Delete Change TITLE TITLE ☐ Addition ELKINS, CHAD NAME NAME 27780 MATHESON AVE 975 PALM VIEW DRIVE #A203 STREET ADDRESS STREET ADDRESS BONTA SPRINGS FL 34135 NAPLES, FL 34110 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

SIGNATURE:

ATTACHMENT 46024175 #- P0400084344

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