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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P33242** **(9)**

1. Corporation Name
SLOOPY II, INC.

Principal Place of Business	Mailing Address
PO BOX 58070 NASHVILLE TN 37205	PO BOX 58070 NASHVILLE TN 37205-8070

3. Date Incorporated or Qualified: 03/19/1991
3a. Date of Last Report: 03/12/1996

2. Principal Place of Business	2a. Mailing Address
21 P.O. BOX 3774	26 P.O. BOX 3774
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BEVERLY HILLS, CA	City & State 28 BEVERLY HILLS, CA
Zip 24 90212 Country 25 USA	Zip 29 90212 Country 30 USA

4. FEI Number: 58-1724744 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTIN, SONNY
8130 BAY MEADOWS
CIRCLE WEST #307
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	BERNS, CASSANDRA		1.2 NAME	BERNS, CASSANDRA
STREET ADDRESS	1461 CLARIDGE DRIVE		1.3 STREET ADDRESS	1461 CLARIDGE DR.
CITY-ST-ZIP	BEVERLY HILLS CA		1.4 CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE	VSD	☐ DELETE	2.1 TITLE	VSD ☒ Change ☐ Addition
NAME	BERNS, ILENE		2.2 NAME	ILENE BERNS
STREET ADDRESS	3103 DUDLEY AVENUE		2.3 STREET ADDRESS	3738 WHITLAND AVE.
CITY-ST-ZIP	NASHVILLE TN		2.4 CITY-ST-ZIP	NASHVILLE, TN 37205
TITLE	D	☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	BERNS, BRETT		3.2 NAME	BERNS, BRETT
STREET ADDRESS	4013 WOODMONT BLVD		3.3 STREET ADDRESS	P.O. BOX 3774
CITY-ST-ZIP	NASHVILLE FL		3.4 CITY-ST-ZIP	BEVERLY HILLS, CA 90212
TITLE	D	☐ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	BERNS, MARK		4.2 NAME	BERNS, MARK
STREET ADDRESS	936 WEST FRANCIS		4.3 STREET ADDRESS	3519 CENTRAL AVE
CITY-ST-ZIP	ASPEN CO		4.4 CITY-ST-ZIP	NASHVILLE, TN 37205
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: _____ CASSANDRA BERNS 3-29-97 (210) 228-0630