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2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P9300004872 YANKUS PRODUCTIONS, INC. 04-02-2001 90308 012 ***150.00 Principal Place of Business Mailing Address 223 S. HOWARD AVENUE 223 S. HOWARD AVENUE TAMPA FL 33606 TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3166598 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name YANKUS, DENNIS Street Address (P.O. Box Number is Not Acceptable) 223 S. HOWARD AVENUE **TAMPA FL 33606** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE YANKUS, DENNIS NAME NAME 223 S HOWARD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -- Delete TITLE ☐ Addition TITLE 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-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME 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 trustee 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 like empowered.

SIGNATURE:

DIGNATURE AND TYPED OR PHINTED WARE OF SIGNING OFFICER OR DIRECTOR WILL STEED THE DESCRIPTION OF SIGNING OFFICER OR DIRECTOR OR DIRECTOR OF SIGNING OFFICER OR DIRECTOR OR DIRECTOR OF SIGNING OFFICER OR DIRECTOR OF SIGNING OFFICER OR DIRECTOR OFFICER OR DIRECTOR OF SIGNING OFFICER OR DIRECTOR OR DIRECTOR OF SIGNING OFFICER OR DIRECTOR OF SIGNING OFFICER OR DIRECTOR OR DI

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