2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000051900 Sep 07, 2000 8:00 am Secretary of State 1. Entity Name BOX SEATS, INC. 09-07-2000 90005 014 ***550.00 Mailing Address Principal Place of Business 4329 BLANDING BLVD 4329 BLANDING BLVD JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 UUU04887 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3191564 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WIGGINS, BILLY H Street Address (P.O. Box Number is Not Acceptable) 4329 BLANDING BLVD JACKSONVILLE FL 32210 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. **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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE WIGGINS, BILLY H NAME NAME STREET ADDRESS STREET ADDRESS 2045 BAYVIEW ROAD CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL Change ☐ Addition Delete TITLE TITLE WIGGINS, KRISTIE C NAME NAME STREET ADDRESS STREET ADDRESS 2045 BAYVIEW ROAD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 of 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 ar SIGNATURE:

Daytime Phone #