2001 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2001 8:00 am Secretary of State DOCUMENT # P93000087378 PHOENIX RISING PRODUCTIONS, INC. 02-28-2001 90123 049 ***150.00 Mailing Address Principal Place of Business 10815 CROSS SCHOOL ROAD 10815 CROSS SCHOOL ROAD UWESUW RESTON VA 20191 RESTON VA 20191 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 65-0459058 Not Applicable Zip Country Country Zip \$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 MILLER, ROGER L Street Address (P.O. Box Number is Not Acceptable) 5125 CASTELLO DRIVE NAPLES FL 34103 Zip Code City 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. (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. Change Addition ☐ Delete TITLE TITLE HORNE, PHYLLIS NAME NAME 10815 CROSS SCHOOL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **RESTON VA 20191** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete DILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change □ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

 I hereby certify that the information s indicated on this report or supplemy of the corporation or the receiver of changed, or on an attachment with a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

des not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if a process of the empowered.

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