04/30/2001 14:12 9414587815 JOHN G PAUL

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91162 021 ***150.00

DOCUMENT # P94000033793

1. Entity Name

TOUCAN PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
13 SUGARLOAF DRIVE SUGARLOAF KEY FL 33042-3675 US	13 SUGARLOAF DR. SUGARLOAF KEY FL 33042-3672 US

770930

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
13 SUGARLOAF DR		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SUGARLOAF KEY		City & State: FLORIDA	
Zip: 33042	Country: MONROE	Zip: 33042	Country: MONROE

4. FEI Number: 65-0489495 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATMORE, CHARLES W. 13 SUGARLOAF DR. SUGARLOAF SHORES FL 33042	Name Street Address (P.O. Box Number is Not Acceptable) City 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.

SIGNATURE [signature] DATE 1 MAY 01

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

FILING FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ATMORE, CHARLES W	NAME	
STREET ADDRESS	13 SUGARLOAF DR.	STREET ADDRESS	
CITY-ST-ZIP	SUGARLOAF SHORES FL 33042	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		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: [signature] CHARLES W. ATMORE, PRES. 1 MAY 01 (305) 744-0133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #