FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPES OR PRINTED NAME OF

Jan 16, 2001 8:00 am Secretary of State **DOCUMENT # P94000041148** DAVID BISHOP PRODUCTION SERVICES, INC. 01-16-2001 90073 032 ***150 00 Mailing Address Principal Place of Business 242 CORSAIR AVE 242 CORSAIR AVE LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA FL 33308 61750000 2. Principal Place of Business 3. Mailing Address Coear Ridge De 1636 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For 65-0495488 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 353*05* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BISHOP, LAURA C Street Address (P.O. Box Number is Not Acceptable) 242 CORSAIR AVENUE LAUDERDALE BY THE SEA FL 33308 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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. ☐ Addition TITLE Delete TITLE BISHOP, DAVID 1636 Coral BISHOP, DAVID NAME STREET ADDRESS STREET ADDRESS 242 CORSAIR AVE LAUDERDALE BY THE SEA FL CITY-ST-2IP CITY-ST-ZIP Delete TITLE TITLE BISHOP, LAURA C NAME NAME STREET ADDRESS 242 CORSAIR AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAUDERDALE BY THE SEA FL _____.Addition___ -TITLE TITLE - Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of suppliemental 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: