FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000061884 (0)

1. HALL'S ROOFING & HOME REPAIR, INC.

Principal Place of Business: 5342 WABASH BLVD. JACKSONVILLE FL

Mailing Address: 5342 WABASH BLVD. JACKSONVILLE FL

3. Date Incorporated or Qualified: 08/22/1994

3a. Date of Last Report: NF

4. FEI Number: 59-3267345 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business / 2a. Mailing Address

24. Zip: 32254 — 29. Zip: 32254

9. Name and Address of Current Registered Agent

HARDEE, GREG
5342 WABASH BLVD.
JACKSONVILLE FL

10. Name and Address of New Registered Agent

81 Name: T C Hall
82 Street Address (P.O. Box Number is Not Acceptable): 5342 Wabash Blvd.
84 City: Jacksonville FL 85 Zip Code: 32254

11. Pursuant to the provisions of sections 607.0502 and 617.0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE: T. C. Hall, Sr. — 5-4-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: HALL, T C STREET ADDRESS: C/O 5342 WABASH BLVD. CITY-ST-ZIP: JACKSONVILLE FL	[ ] Change [ ] Addition
TITLE: D NAME: HALL, JAMES STREET ADDRESS: C/O 5342 WABASH BLVD. CITY-ST-ZIP: JACKSONVILLE FL	[ ] Change [ ] Addition
TITLE: D NAME: HALL, THOMAS C JR STREET ADDRESS: C/O 5342 WABASH BLVD. CITY-ST-ZIP: JACKSONVILLE FL	[X] Change [ ] Addition Hall, Thomas C Jr. Delete
	[ ] Change [X] Addition TITLE: T C/O 5342 Wabash Jacksonville FL 32254
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T. C. Hall, Sr. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5-4-95

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DOCUMENT # P94000062017 (6)

1. HB ASSOCIATES, INC.

618 LAKE SHORE DR
MAITLAND FL 32751

618 LAKE SHORE DR
MAITLAND FL 32751

3. 08/19/1994

2. 21 150 CIRCLE DRIVE

2a. 26 618 LAKE SHORE DR

4. 59-3280241 — Applied For / Not Applicable

22 / 27

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

23 MAITLAND, FL — 28 MAITLAND, FL

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

24 32751 — 25 US — 29 32751 — 30 US

8. Florida Statutes — Yes / No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRUMLEY, HARRY III 618 LAKE SHORE DR. MAITLAND FL 32751	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City — FL — 85 Zip Code

11. Florida Statutes

SIGNATURE

12.		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
	D BRUMLEY, HARRY III 618 LAKE SHORE DR. MAITLAND FL 32751		PRESIDENT BRUMLEY, HARRY III 618 LAKE SHORE DR. MAITLAND, FL 32751 — ✓ Change / Addition
			Change / Addition
			Change / Addition
			Change / Addition
			Change / Addition
			Change / Addition

14.

SIGNATURE: [signature] HARRY BRUMLEY III 5/8/95 407 740 5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0041800 CP

FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

APPROVED

ANNUAL REPORT

1995

DOCUMENT # P94000062597 (7)

RON BENNINGTON'S COMEDY SCENE, INC.

Principal Place of Business	Mailing Address
9720 EXECUTIVE CENTER DR. N. SUITE 200 ST. PETERSBURG FL 33702	9720 EXECUTIVE CENTER DR. N. SUITE 200 ST PETERSBURG FL 33702

3. Date of Incorporation: 08/22/1994

3a. Date of Last Report:

4. FEI Number: 59-3266739

Added For: Not Applicable

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

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

8. The corporation is liable for intangible tax under s. 199.032, Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REBACK, ROSS 9720 EXECUTIVE CENTER DR. N. SUITE 200 ST. PETERSBURG FL 33702	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1007, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
	P ☐ Change ☑ Addition ROSS REBACK 3067 WINDRIDGE OAKS DRIVE PALM HARBOR, FL 34684
	V,S,T ☐ Change ☑ Addition RONALD BENNINGTON 12881 POINSETTIA AVE, N SEMINOLE, FL 34646
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report, pursuant to and required for the purposes of Section 607.1007, Florida Statutes, is true and accurate and that my signature shall be a continuing certification of the truthfulness of the information required to be reported. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or amending authorization to transact business in Florida is a third degree felony as provided for in s. 817.155, Florida Statutes. I understand the requirement to file, within 90 days before the due date, any changes to the information which is required to be reported with respect to the registered agent and the registered office.

SIGNATURE: X [signature] x5/10/95

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0310404 CP