2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P9500005129 1. Entity Name SEABOARD PRODUCTIONS, INC. 04-24-2001 90314 045 ***150.00 Mailing Address Principal Place of Business P.O. BOX 14278 8829 OLD POLK CITY ROAD? ST. PETERSBURG FL 33733 HAINES CITY FL 33844 > 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3288126 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name GRIMES, GENEA A GON C. Street Address (P.O. Box Number is Not Acceptable) 65-66 ST NO ST. PETERSBURG FL 33713 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition **PSD** ☐ Delete TITLE TIT! F GRIMES, A. GENE NAME NAME P.O. BOX 14004 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33733 ☐ Addition ☐ Change Delete TITLE PINNEY, DONALD A III NAME NAME STREET ADDRESS STREET ADDRESS 884 PONCE DE LEON CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE FL 33715 Change ■ Addition TITLE BARBER, ROBERT W NAME STREET ADDRESS 6911 GRANDE VISTA WAY SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOUTH PASADENA FL 33705 ☐ Change ☐ Addition Delete TITLE 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 ■ Addition ☐ Delete TITLE TITLE

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

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO