2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P95000036214 Apr 08, 2005 08:00 AM Secretary of State 1. Entity Name APPLAUSE APPLAUSE, INC. Principal Place of Business __ Mailing Address 927 FOURTH STREET, NORTH ST. PETERSBURG FL 33701 927 FOURTH STREET, NORTH ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 59-3312904 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALBANESE, NICHOLAS A Street Address (P.O. Box Number is Not Acceptable) 927 FOURTH STREET, NORTH ST. PETERSBURG FL 33701 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PST ☐ Delete THEE ☐ Change ☐ Addition ALBANESE, NICHOLAS A NAME NAME STREET ADDRESS 927 4TH ST NO. STREET ADDRESS ST. PETERSBURG FL 33701 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete THLE Change ☐ Addition H0nn0n293381 NAME NAME 04/U8/05-80026-013 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7/P ☐ Delete TITLE HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZiP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DHE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CitY-SI-7IP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.