2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 01, 2001 8:00 am DOCUMENT # P95000048379 Secretary of State G S STUDIOS, INC. 05-01-2001 90008 023 ***150.00 Principal Place of Business Mailing Address 3946-112_METRO PKWY 3949-112 METRO PKWY FT MYERS FL 38916 FT MYERS PL 33916 2. Principal Place of Business 3. Mailing Address 13300-56 S. Cleveland AVE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 13300-56 S. Cleveland Ave City & State Applied For 4. FEI Number 65-0596877 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, GREG Street Address (P.O. Box Number is Not Acceptable) 1316 MORNINGSIDE DR FT MYERS FL 33901 3708 SE 18th AVE 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. ed 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11, 12. CR2E034 (10/00) TITLE Delete Greg Smith SE 18th AVE SMITH, GREG NAME NAME 1816 MORNINGSIDE DR STREET ADDRESS STREET ADDRESS Cape Coral, FL 33904 CITY-ST-ZIP FT MYERS-FL-33901 CITY-ST-ZIP ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR