2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 11, 2001 8:00 am Secretary of State DOCUMENT # P9600006034 1. Entity Name DAWGMAN ENTERTAINMENT, INC. 05-11-2001 90109 014 ***150.00 Mailing Address Principal Place of Business 2475 N JOHN YOUNG PKWY 2475 N JOHN YOUNG PKEY ORLANDO FL 32804 ORLANDO FL 32804 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3367136 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired ---Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent pender DArron SPENCER, DARRON Street Address (P.O. Box Number is Not Acceptable) 5008 LONDONDERRY COURT 2475. N'John Pruy ORLANDO FL 32808 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Presiden + ☐ Addition ☐ Delete TITLE TITLE 7011AQ Spencer NAME NAME SPENCER, DARRON STREET ADDRESS 2415 N John Young STREET ADDRESS 5008 LONDONDERRY COURT CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32808 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 president changed, or on an attachment, an address, with all other like empowered.

Daytime Phone #