2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TYPED OR PRINTED NAME OF

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P96000022938 1. Entity Name HIGH MARK PRODUCTIONS, INC. 05-14-2001 90162 001 *1,411.25 Principal Place of Business Mailing Address 500 S FLORIDA AVE 500 S FLORIDA AVE **STE 240 STE 240** LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 500 S. Florida Ave, 4th Floor DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 500 S. Florida Ave, 4th Floor Lakeland, Florida 33801 Applied For Lakeland, Florida 33801 59-3374917 4. FEI Number Not Applicable Country \$8.75 Additional 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 SMITH HULSEY & BUSEY Street Address (P.O. Box Number is Not Acceptable) 225 WATER STREET **SUITE 1800** JACKSONVILLE FL 32202 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. 500 S. Florida Ave, 4th Floor Change CR2E034 (10/00) ☐ Addition Delete TITLE TITI F Lakeland, Florida 33801 HART, JOHN B. NAME NAME STREET ADDRESS STREET ADDRESS 500 S FLORIDA AVE STE 240 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 Change Addition VPDS ☐ Delete TITLE TITLE 500 S. Florida Ave, 4th Floor HART, LITA G. NAME NAME Lakeland, Florida 33801 500 S FLORIDA AVE STE 240 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33801 CITY-ST-ZIP Change ☐ Addition E۷ TITLE ☐ Delete 500 S. Florida Ave, 4th **Floor** NAME WELLS, MARK R NAME 500 S FLORIDA AVE #240 STREET ADDRESS Lakeland, Florida 33801 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKELAND FL 33801 Change Addition TITLE ☐ Delete NAME NAME S. Munda Ave #400 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 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.

Daytime Phone #