2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P96000058198 DOCUMENT # 1. Entity Name MILLENNIUM LICENSING CORPORATION



May 01, 2003 8:00 am § Secretary of State 05-01-2003 90810 049 ***150.00

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Principal Place of Business 442 W KENNEDY BLVD STE 200 TAMPA FL 33606		Mailing Address 442 W KENNEDY BLVD STE 200 TAMPA FL 33606						
2. Principal Place of Business		3. Mailing Address			(11 0 0 1111 101 111 10 1111			
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.			CHECK HERE I	F MAKING	CHANGES	;
City & State		City & State			1 59 - 3392854 ——			
Country	Zip	Zip Count		5. Certificate of Sta	atus Desired		\$8.75 Ad	ditional
6. Name and Address of Current Registered Agent				7. Name and Add	ress of New Re	gistered	Agent -	
·			Name	<u>-</u>				
ODD F			Street Address	(P.O. Box Number is Not Acceptable)				
INEDY BLVD STE 200			direct / ladicat	TI.G. Box Homber to		·		
33606								
			City	FL Zip Code				
ons of registered agent.	tement for the purpose of ch	anging its registe	red office or regist	ered agent, or both, in	the State of Flor	rida. I am	familiar with,	and accept
Signature, typed or printed name of regis	stered agent and title if applicable.	(NOTE: Register	red Agent signature requi	red when reinstating)		DATE		
								00 May Be d to Fees
OFFICE	RS AND DIRECTORS	11.	·	ADDITIONS/CHA	NGES TO OFFI	CERS AND	DIRECTOR	RS IN 11
Walker, todd f 120 S Hale Street		NA/ STF	me Reet address				☐ Change	Addition
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actify that the information		NAM STR CIT [*]	ME REET ADDRESS Y-ST-ZIP	Parties 110 07/0V/2 71	rido Statuta	further	☐ Change	Addition
	PY BLVD STE 200 D6 lace of Business #, etc. Country 6. Name and Address of TODD F NNEDY BLVD STE 200 33606 named entity submits this state ons of registered agent. Signature, typed or printed name of registered agent. Signature typed or printed name of registered agent. PELE NOW!!! FEE IS \$150 May 1, 2003 Fee will be state of the printed name of the print	Average State Average State Average State	At BLVD STE 200 1 ALE NOW!!! FEE IS \$150.00 1 May 1, 203 Fee will be \$550.00 1 Payable to Florida Department of State OFFICERS AND DIRECTORS Delete TAMPA FL Delete III. Delete	At 2 W KENNEDY BLVD STE 200 TAMPA FL 33806 Iace of Business	At 2 W KENNEDY BLVD STE 200 TAMPA FL 33606 TAMPA FL 33606 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip Country Size Country Country Size Country Size Country Size Country Size Address of Current Registered Agent To Name and Address of Current Registered Agent Fine Blub STE 200 33606 City Street Address (P.O. Box Number is N Street Address (P.O. Box Number is N City City City Size Address (P.O. Box Number is N City City City City City City Size Address (P.O. Box Number is N City City City City City Size Address (P.O. Box Number is N City Cit	A PRIVO STE 200 1 AV MENNEDY BLVD STE 200 TAMPA FL 38806 3. Mailing Address #, etc. ChtCCK HERE Country S. Centificate of Siatus Desired Country S. Centificate of Siatus Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New River Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City City named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorers of registered agent and that a applicable ILE NOW!! FEE Is \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFI WALKER, TODD F CITY ST. 2P Deale TILE NAME SIRET ADDRESS CITY-ST. 2P Deale SIRET ADDRESS CITY-ST. 2P	## A KENNEDY BLVD STE 200 TAMPA FL 33006 TAMPA FL 33006 TAMPA FL 33006 Suite. Apt. #, etc. CHECK HERE IF MAKING Country Zip Country 5, Conflicate of Status Desired S. Name and Address of Current Registered Agent 7, Name and Address of New Registered J. Name COUNTRIP STEED	AND STE 200 1800 OF Business 1800 OF Business

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

SIGNATURE: