## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 29, 2001 08:00 AM P97000007844 DOCUMENT# Entity Name **Secretary of State** MY BIG FISH, INC. Principal Place of Business Mailing Address 2938 WELLINGTON CR. E. 2938 WELLINGTON CR. E. TALLAHASSEE FL TALLAHASSEE FL 32308 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3430988 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TIMOTHY 6523 AQUEDUCT COURT Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE 32308 US 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. 01/29/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change TIMOTHY J MAME NAME O'BRIEN TIMOTHY 6523 AOUEDUCT COURT STREET ADDRESS STREET ADDRESS 6523 AQUEDUCT COURT CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP TALLAHASSEE ☐ Delete VT TITLE X Change NAME O DIANNE NAME O'BRIEN DIANNE STREET ADDRESS 6523 AQUEDUCT COURT STREET ADDRESS 6523 AQUEDUCT COURT CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP TALLAHASSEE FL32308 Delete TITLE X Change ☐ Addition JULIA MARIE NAME O'BRIEN JULIA - MARIE STREET ADDRESS 5375 APPLEDUCE LANE STREET ADDRESS 5375 APPLEDORE LANE CITY-ST-ZIP TALLAHASSEE 32308 CITY-ST-ZIP TALLAHASSEE 32308 FL. Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

01/29/2001

Date

Daytime Phone #

Timothy J. O'Brien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_