2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9700009510 Apr 25, 2000 8:00 am Secretary of State PEANUT BUTTER PRODUCTIONS, INC. 04-25-2000 90046 032 ***150.00 Principal Place of Business Mailing Address P.O. BOX 033271 241 FIRST AVENUE INDIALANTIC F: 32903-0271 INDIALANTIC FL 32903 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3428134 Not Applicable Zip Country Zip Country \$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: Name Wagner, Daniel C Street Address (P.O. Box Number is Not Acceptable) 241 FIRST AVENUE INDIALANTIC FL 32903 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. SIGNATURE DATE 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, 2000 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. 12. ☐ Addition ☐ Change ☐ Delete TITLE TITLE WAGNER, DANIEL C NAME NAME STREET ADDRESS STREET ADDRESS 241 FIRST AVENUE CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL 32903 ☐ Addition ☐ Change ☐ Delete TITLE TITLE SNYDER. CHRISTINE NAME NAME STREET ADDRESS 202 HIGGINS AVENUE N.W. STREET ADDRESS CITY-ST-ZIP PALM BAY-FL 32907 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

address, with all other like empowered