1/14/02-90058-045

FILED
Mar 10, 2002 8:00 am
Secretary of State
01-14-2002 90058 045 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010554

1. Entity Name
MENTOR FILMS, INC.

Principal Place of Business	Mailing Address
1800 W INTERNATIONAL SPEEDWAY BLVD BUILDING 1 SUITE 102 DAYTONA BEACH FL 32114	1800 W INTERNATIONAL SPEEDWAY BLVD BUILDING 1 SUITE 102 DAYTONA BEACH FL 32114

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3433298 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUBKA, HAROLD
501 NO GRANDVIEW AVENUE
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name: Jim Rose
Street Address (P.O. Box Number is Not Acceptable): 222 Seabreeze BLVD.
City: Daytona Beach FL Zip Code: 32118

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: Mitch Mentor President 01-04-2002
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MENTOR, MITCH 331 RIVERSIDE DRIVE ORMOND BEACH FL 32176 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Treasurer Katie Mentor 331 Riverside Drive Ormond Beach FL 32176 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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.

SIGNATURE: SIGNATURE REQUIRED Mitch Mentor 1-4-02 386-252-4422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

→ Jim Sign + Date
Rose

2-13-02