2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am Secretary of State DOCUMENT # P97000059972 1. Entity Name 05-22-2002 90155 025 ***150.00 PULSE PRODUCTIONS OF LARGO, INC. Principal Place of Business Mailing Address TWO WHEATON CENTER 5713 BAY PINES LAKE BOULEVARD SAINT PETERSBURG FL 33708 # 712 WHEATON IL 60187-2311 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2561550 Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name --PIDGEON, STEPHEN D Street Address (P.O. Box Number is Not Acceptable) **5713 BAY PINES LAKE BOULEVARD** SAINT PETERSBURG FL 33708 Zip Code City 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 printed name of registered agent and title if applicable 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, 2002 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Change TITLE NAME NAME PIDGEON, STEPHEN D STREET ADDRESS STREET ADDRESS 5713 BAY PINES LAKE BOULEVARD CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33708 ☐ Delete TITLE Change ☐ Addition TITLE NAMÉ NAME PIDGEON, JUDITH L STREET ADDRESS STREET ADDRESS **5713 BAY PINES LAKE BOULEVARD** CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33708 ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE Change TITLE NAME 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.

Daytime Phone #

FILED