PULSE PRODUCTIONS OF LARGO, INC.

DOCUMENT # P97000059972

1. Entity Name

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2. Principal Place of Business 3. Mailing Address 300 and Ave SE 300 And AUE SE Suite, Apt. #, etc. Suite, Apt. #, etc. SLIP 3 ST PETERS BURG City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number ST PETERSBURG 59-345540*5* 33701 ^{Zip}33701 Country USA USA

Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

DO NOT WRITE IN THIS SPACE None and

7. Name and Address of Current Registered Agent PIDGEON, STEPHEN

Street Address (P.O. Box Number is Not Acceptable)

300 AUE CityST PETERS BURG

SLIP 3 33% 1

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 Synature, typed or printed name of registered agent and little if applicable.

21, 2002

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

SE

\$5.00 May Be Added to Fees

Applied For

11. OFFICERS AND DIRECTORS Service of the servic Fr. 6-7 P/V/T/S/D/C/M 900008551159 10/23/02-01091-013 **61.25 PIDGEON, STEPHEN 300 2nd Ave SE NAME D SLIP 3 NAME TO STREET ADDRESS STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 33T01 CITY - ST - ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE TO SE MAME STREET ADDRESS STREET ADDRESS. CITY-ST-71P DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME , STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE # 3 TE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP : TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ČTÝ 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 triat 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 110 or on an address, with all other like empowered.

SIGNATURE: STEPHEN D PIDGEON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

OCT RI, LODZ

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