2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 15, 2002 8:00 am Secretary of State DOCUMENT # P97000070142 1. Entity Name 05-15-2002 90029 028 ***158.75 ICEBURG ENTERTAINMENT INC. Principal Place of Business Mailing Address 701 18TH ST. SO. 701 18TH ST. SO. SAINT PETERSBURG FL 33712 SAINT PETERSBURG FL 33712 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 65-0789703 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent H_{iH} HILL, JASPER L JR Street Address (P.O. Box Number is Not Acceptable) 4455 3RD AVE S ST PETERSBURG FL 33711 St. 701 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CP ☐ Delete TITLE ☐ Addition HILL, JASPER L JR NAME Hill J. NAME 4455 3RD AVE SO STREET ADDRESS 701 STREET ADDRESS ST PETERSBURG FL 33711 CITY-ST-ZIP CITY-ST-ZIP Petersburg ,FL TITLE SV Delete TITLE Change ☐ Addition NAME WILLIAMS, TWYLA NAME STREET ADDRESS 2953 4TH AVE S STREET ADDRESS CITY-ST-7IB ST PETERSBERG FL 33712 CITY-ST-ZIP ☐ Delete TITLE Change ___ Addition_ NAME: HILL: EVELYN ~ NAME STREET ADDRESS 4455 3D AVE S STREET ADDRESS CITY-ST-7IP ST PETERSBURG FL CITY-ST-7IP TITLE VD ☐ Delete TITLE Change Addition NAME LEE. MARIO L NAME STREET ADDRESS 3234 QUEENSBURO AVE S STREET ADDRESS CITY-ST-ZIP ST PETERSBERG FL 33712 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ 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 12 in changed, or on an attachment with an address, with all other like empowered.

FILED