2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am Secretary of State P97000102990 **DOCUMENT #** 1. Entity Name 05-13-2002 90178 039 ***150.00 PYRAMID PRODUCTIONS, INC. Mailing Address Principal Place of Business 9262 SUNRISE DRIVE 9262 SUNRISE DRIVE WEST PALM BEACH FL 33403 WEST PALM BEACH FL 33403 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0905516 City & State Not Applicable \$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 WALKER, HOWARD F III Street Address (P.O. Box Number is Not Acceptable) 14815 PEACE BLVD SPRING HILL FL 34610 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible Flection Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change TITLE ☐ Delete TITLE WAIKET TH NAME WALKER, HOWARD F III NAME STREET ADDRESS 9262 SUNRISE DR STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33403 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ~ CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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. CITY-ST-ZIP

FILED