2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017179

1. Entity Name
T.L.C. ENTERTAINMENT, INC.

FILED
00 NOV 21 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business
1041 NIN STREET
ORLANDO FL 32835

Mailing Address
1041 NIN STREET
ORLANDO FL 32835

2. Principal Place of Business: Orlando Florida
Suite, Apt. #, etc.: Universal studio's
City & State: Hard Rock Live
Zip: 32825 Country: USA

3. Mailing Address: 213 Spring street
Suite, Apt. #, etc.:
City & State: West Bridgewater MA
Zip: 02379 Country: USA

4. FEI Number 59-3443792 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
~~MALONEY, LINNEA K~~
1041 NIN STREET
ORLANDO FL 32835

7. Name and Address of New Registered Agent
Name: Jennifer Taggart
Address (P.O. Box Not Acceptable): 1914 Goldleaf St
City: Orlando, Fl. Zip: 32835

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: Jennifer Taggart
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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

TITLE	D	☐ Delete
NAME	MALONEY, LINNEA K	
STREET ADDRESS	1041 NIN STREET	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (5/00)

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 LK Maloney 10/6/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #