,2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P98000090641 1. Entity Name SILVER PELICAN PRODUCTIONS, INC. 05-03-2001 90061 039 ***150.00 Mailing Address Principal Place of Business 176 APPIAN STREET 176 APPIAN STREET PORT CHARLOTTE FL 33954 PORT CHARLOTTE FL 33954 968134 2. Principal Place of Business 3. Mailing Address 1409 Gleneagles Drive Suite, Apt. #, etc. 1409 Gleneagles Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Venice, Florida 34292 Venice, Florida 34292 Applied For City & State City & State 4. FEI Number 65-0872564 Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Ralph Scott Stewart STEWART, RALPH S Street Address (P.O. Box Number is Not Acceptable) 176 APPIAN STREET 1409 Gleneagles Drive PORT CHARLOTTE FL 33954 Zip Code Venice 34292 pose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this stateme for the 4/23/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registers 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **★** Change ☐ Addition President ☐ Delete TITLE TITLE NAME Ralph Scott Stewart NAME STEWART, RALPH S 1409 Gleneagles Drive STREET ADDRESS STREET ADDRESS 176 APPIAN STREET Venice, Florida 34292 CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33954 ☐ Change ☐ Addition ☐ Delete TITLE 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 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 supplied ental 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 sustee 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.

Ralph Scott Stewart

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

(941)484-7737

Daytime Phone #

4/23/01