2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000010626 Jun 05, 2000 8:00 am Secretary of State 1. Entity Name Theme Marketing Concepts, Inc. 06-05-2000 90001 040 \*\*\*150.00 Principal Place of Business Mailing Address 4495 Lake Valencia Ave. Palm Harbor, FL 33755 2. Principal Place of Business 3. Mailing Address 1722 N. Fort Harnson Ave DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3556517 Applied For Clearwa Not Acids Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Vic KINSON TIL Theme Marketing Concepts, Inc. 4495 Lake Valencia Ave. N. Palm, Harbor, FL 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 reinstaling) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD Delete TITLE Change NAME Hollie Nabors STREET ADDRESS 4495 Lake valencia Ave. w. 4495 Lake Valencia Ave. W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Palm Harbor, FL 33755 Palm Harbor, Fl 33755 TITLE ☐ Delete TITLE NAME Additio NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE - Delete TITLE\* NAME Change Addition Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE NAME ☐ Change □ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

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

NAME

STREET ADDRESS

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NAME

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