2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000023050 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** EDMAR PRODUCTIONS, INC. 01-19-2000 90160 004 ***158.75 Principal Place of Business Mailing Address 7510 49 AVE E 7510 49 AVE E **BRADENTON FL 34203 BRADENTON FL 34203-7939** D0000031 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 6290653 Not Applicable Zip Country Country \$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 JOHNSON, DAVID P Street Address (P.O. Box Number is Not Acceptable) 2201 RINGLING BLVD STE 104 SARASOTA FL 34237 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDENT TITLE Addition PRESIDENT TITLE Delete EDWARD F. LOHR MARK MC FADDEN 4724 MEADOWVIEW CIECLE NAME NAME 7510 49TH AUG-EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 34233 BRADEUTON FL. 34203 PRESIDENT ☐ Addition ☐ Change Delete TITLE NAME NAME MARY ANN LOHR STREET ADDRESS STREET ADDRESS 7510 49TH AUB-EAST CITY-ST-ZIP CITY-ST-ZIP BRADEUTOD FL 34203 SECRETARY-TREASURER ☐ Change ☐ Addition ☐ Delete TITLE EDWARD F. 20HR NAME NAME 7510 49TH AUB - EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete 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 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: