2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 23, 2000 8:00 am Secretary of State DOCUMENT # P99000059517 1. Entity Name MOVIE MOVERS, INC. 05-23-2000 90273 015 ***150.00 Principal Place of Business Mailing Address 4710 W. 36 ST. 4710 W. 36 ST. ORLANDO FL 32811-7408 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address <u>14663 Keswick St</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Van <u>Nuys, CA</u> <u>59-3596467</u> Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 91405 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARACORP INCORPORATED Street Address (P.O. Box Number is Not Acceptable) 236 E. 6TH AVE. TALLAHASSEE FL 32303 City Zip Code 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 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 OFFICERS AND DIRECTORS 11. 12. ☐ Delete President ☐ Change TITLE NAME Robert N. Bailey STREET ADDRESS STREET ADDRESS P.O. Box 3387 CITY-ST-ZIP CITY-ST-ZIE Blue Jay, CA 92317 Addition TITLE ☐ Change ☐ Delete TITLE Treasurer/Secretary NAME NAME Carole A. Bailey STREET ADDRESS STREET ADDRESS P.O. Box 3387 CITY-ST-ZIP CITY-ST-ZIP Blue Jay, CA 92317 X Addition ☐ Change ☐ Delete TITLE Vice President____ NAME NAME Stephen E. Bott STREET ADDRESS STREET ADDRESS 19036 Wellhaven CITY-ST-ZIP CITY-ST-ZIP Canyon Country, CA 91351 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 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.

FILED

Stephen E. Bott-Vice President 4/28/00 787-3377