2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000063135** May 09, 2000 8:00 am Secretary of State 1. Entity Name PIXTAR MARKETING, INC. 05-09-2000 90045 010 ***150.00 Mailing Address Principal Place of Business 1437A OAK PLACE 1437A OAK PLACE APOPKA FL 32712-2028 APOPKA FL 32712 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3588403 Not Applicable Country _ \$8.75 Additional -Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURNSWORTH, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 1437A OAK PLACE APOPKA FL 32712 A transferred 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. umewat 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. OFFICERS AND DIRECTORS Addition **PSD** ☐ Change TITLE Delete TITLE FINZER, JAMES B NAME NAME STREET ADDRESS STREET ADDRESS 1437A OAK PLACE CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 Change ☐ Addition TITLE ☐ Delete BURNSWORTH, RICHARD E NAME MAME STREET ADDRESS STREET ADDRESS 1437A OAK PLACE CITY-ST-ZIP. .CITY-ST-ZIP APOPKA FL-32712 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 14

Daytime Phone #