2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P99000069508** May 22, 2000 8:00 am Secretary of State ETECH STUDIOS, INC. 05-22-2000 90036 035 ***158.75 Mailing Address Principal Place of Business 12454 AUTUMNBROOK TRAIL EAST 12454 AUTUMNBROOK TRAIL EAST JACKSONVILLE FL 32258-2366 JACKSONVILLE FL 32258 3. Mailing Address 2. Principal Place of Business 10151 DEUZWOOD PARK DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE 250 BUILDING 200 Applied For 4, FEI Number City & State City & State 59-359097B Not Applicable JACKSONVIL \$8.75-Additional Country Zip 5. Certificate of Status Desired Fee Required 3aa*5*6 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD ☐ Delete TITLE Change ☐ Addition TITLE HOEHN, KURT R NAME NAME 12454 AUTUMNBROOK TRAIL EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32258 ☐ Change [] Addition Delete TITLE ACKERMAN, DALE A NAME NAME 12454 AUTUMNBROOK TRAIL EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32258 ☐ Change ☐ Addition ☐ Delete TITLE HOEHN, MICHELE NAME NAME STREET ADDRESS 12454 AUTUMNBROOK TRAIL EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32258 ☐ 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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