2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State P99000085722 DOCUMENT # 1. Entity Name 04-24-2002 90319 043 ***150.00 WEST WIND PRODUCTIONS, INC. Mailing Address Principal Place of Business 1959 HIBISCUS STREET 1959 HIBISCUS STREET **ყეე (გა**აა SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0954933 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOTTON, RICHARD P Street Address (P.O. Box Number is Not Acceptable) 1959 HIBISCUS STREET SARASOTA FL 34239 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME HOTTON, RICHARD P NAME STREET ADDRESS 1959 HIBISCUS STREET STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34239 CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE NAME NAME PAIZES, SPIRO C STREET ADDRESS POST OFFICE BOX 20571 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BRADENTON FL 34204 ☐ Addition TITLE ☐ Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change 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 filling 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 chapter or man attemptions that the address with all other like appearance. changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

4/14/2002 (941) 957-6486

FILED