2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000089809 May 15, 2000 8:00 am Secretary of State GOLDEN BOY PRODUCTIONS, INC. 05-15-2000 90224 043 ***150.00 Principal Place of Business Mailing Address 159 COUNTY RD 351 SWEET WATER , TN 37874 2. Principal Place of Business 159 COUNTY RD 351 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE SWEET WATER Applied For City & State 4. FEI Number Sweet WAten TN Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 37874 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAN DURHAM DAN DURHAM Street Addross (P.O. Box Number is Not Acceptable) 921 2014 ORLAWDO bmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above nage (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. Secretary Secretary ☐ Delete TITLE Director TITLE DIRECTOR Cheir SZAKATS NAME CHRIS SZAKATS AD 351 STREET ADDRESS 159 County STREET ADDRESS 159 County RD 351 Sweetwater TN CITY-ST-ZIP sweet water CITY-ST-ZIF 37874 TN ☐ Change Addition DIREcton ☐ Delete TITLE NAME BRIEN PALMER NAME Bires Palmer RD STREET ADDRESS STREET ADDRESS 159 County RD TN 37-874 CITY-ST-ZIP 37874 CITY-ST-ZIP sweet water ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change Addition 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 ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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.