2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P99000089809 1. Entity Name GOLDEN BOY PRODUCTIONS, INC. 04-24-2001 90250 033 ***150.00 Principal Place of Business Mailing Address 159 COUNTRY RD 351 159 COUNTRY RD 351 SWEETWATER YN 37874 **SWEETWATER TN 37874** B0034718 2. Principal Place of Business 3. Mailing Address JACKSON Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3001925 1 N HENIS Not Applicable --- aiS →Country. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DURHAM, DAN Street Address (P.O. Box Number is Not Acceptable) 421 28TH ST ORLANDO FL 32805 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. ne 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE ☐ Change ☐ Addition CR2E034 (10/00) TITLE NAME SZAKATS, CHRIS NAME STREET ADDRESS STREET ADDRESS 159 COUNTRY RD 351 CITY-ST-ZIP CITY-ST-ZIP **SWEETWATER TN 37874** PRESIDENT DP ☐ Addition TITLE TITLE PALMER, BRIEN L. PALMER, BRIES NAME NAME STREET ADDRESS STREET ADDRESS 159 COUNTRY RD 351 159 County 20 351 CITY-ST-ZIP= CITY-ST-ZIP = **SWEETWATER TN 37874** SWEETWATER TN 37874 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR