2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED DOCUMENT # P99000102319 Apr 04, 2000 8:00 am Secretary of State JAGOUR PRODUCTIONS, INC. 04-04-2000 90029 044 ***158.75 Principal Place of Business Mailing Address 392 LAKEVIEW TERR. 392 LAKEVIEW TERR. PALM HARBOR FL 34683 PALM HARBOR FL 34683 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 3619613 Applied For City & State City & State Not Applicable Zip ~ -Country \$8.75 Additional 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 JOHNSON, DALE W Street Address (P.O. Box Number is Not Acceptable) 392 LAKEVIEW TERR. PALM HARBOR FL 34683 Zip Code FL 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 Signature, typed or printed name 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Addition TITLE ☐ Delete TITLE MIRIAM GOODSPEED-JOHNSON NAME 392 LANEVIEW TERR STREET ADDRESS STREET ADDRESS HARBOR, FL 34683 CITY-ST-ZIP CITY-ST-ZIP ★ Addition TITLE ☐ Delete DAVE W. JOHNSON NAME NAME 292 LANGUIEN TERR PAIN HYDROUN, FC 34683 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIF Delete TITLE TITLE DAVID C. GOODSPERO 1407 DOUCLAS DRING CLEMENATER, FL 3461 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEMENATER, FL CITY-ST-ZIP Addition ☐ Delete TITLE NAME 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 Change Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Thereby 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.