2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # S04184 02-18-2005 90047 007 ***150.00 UNITED FILM COMPANY OF ST. AUGUSTINE Principal Place of Business Mailing Address P.O. BOX 237 P.O. BOX 237 MENLO, GA 30731-0237 US 360 EDISON ST MENLO, GA 30731-0237 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 59-3035197 Not Applicable Country Zip Country Zio \$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 BAVUSO, DAMIAN J Street Address (P.O. Box Number is Not Acceptable) 24 CATHEDRAL PLACE **STE 200** ST AUGUSTINE, FL 32084 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD ☐ Change Addition TITLE Delete TITLE SETTOON, PATRICIA D. NAME NAME 237-360 EDISON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MENLO, GA 30731 CITY-ST-ZIP VPD TITLE ☐ Delete TATLE ☐ Change ☐ Addition SETTOON, RICHARD JR. NAME NAME 237-360 EDISON ST STREET ADDRESS STREET ADDRESS MENLO, GA 30731 CITY-ST-ZIP CITY-ST-ZIP STD ☐ Delete TITLE Change TITLE Addition SETTOON, RICHARD SR. NAME NAME STREET ADDRESS 237-360 EDISON ST STREET ADDRESS CITY-ST-ZIP MENLO, GA 30731 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Richard C. Settoons. .
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCT TROPSOLD.

FILED Feb 18, 2005 8:00 am