2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # \$38456** YOYODINE MOTIONS, INC. 04-25-2000 90061 001 ***150.00 Principal Place of Business Mailing Address 14 S. SWINTON AVE. 14 S. SWINTON AVE. DELRAY BEACH FL 33444-3654 **DELRAY BEACH FL 33444** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0269768 Not Applicable Country \$8.75 Additional Zip 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 SMITHER, ROBERT M., JR. Street Address (P.O. Box Number is Not Acceptable) 14 S. SWINTON AVE. DELRAY BEACH FL 33444 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) 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, 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 12. 11. Change ☐ Addition Delete TITLE worrell, thomas e., Jr. NAME STREET ADDRESS 14 S. SWINTON AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33444 TITLE Change Addition □ Delete FREAKLEY, EDWIN M. NAME NAME 200 CARTER'S GROVE LN. STREET ADDRESS STREET ADDRESS CITY_ST-7IP CITY-ST-ZIP LYNCHBURG VA 24503 ☐ Addition ☐ Change TITLE Delete_ SMITHER, ROBERT M., JR. NAME NAME STREET ADDRESS STREET ADDRESS 14 S. SWINTON AVE. CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33444 Change ☐ Addition ☐ Delete TITLE TITLE WORRELL, ODETTE A. NAME STREET ADDRESS STREET ADDRESS 14 S. SWINTON AVE. CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Change ☐ Addition TITLE AS ☐ Delete TITLE GOODYEAR, KIM NAME NAME 125 LA POSTA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAOS NM 87577** TITLE Change Addition TITLE ☐ Delete WINTZER, WILLIAM R NAME NAME STREET ADDRESS 14 S. SWINTON AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33444**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. SMITHER, JR 4/21/00 (561) 243-2403

B Date Daytime Phone #