2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # V37782 Apr 17, 2000 8:00 am Secretary of State 1. Entity Name P.R. PRODUCTIONS, INC. 04-17-2000 90031 046 ***150.00 Mailing Address Principal Place of Business PO BOX 510732 PO BOX 510732 KEY COLONY BEACH FL 33051-0732 KEY COLONY BEACH FL 33051 2. Principal Place of Business 3. Mailing Address 5800 Overseas Hwy Suite Apt #, etc. Suite, Apt. #, etc. Suite #17 Applied For City & State 4. FFI Number City & State 65-0330380 Not Applicable Marathon, FL Country \$8.75 Additional Country 5. Certificate of Status Desired _____ Fee Required 33050 Monroe 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NARDONE, PAULA R. Street Address (P.O. Box Number is Not Acceptable) 320 5TH STREET **KEY COLONY BEACH FL 33051** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. D Delete TITLE s/D √ Change ☐ Addition TITLE NARDONE, PAULA R. NAME NAME Nardone, Paula R. STREET ADDRESS STREET ADDRESS 320 5TH STREET 320 5th Street CITY-ST-ZIP CITY-ST-ZIP KEY COLONY BEACH FL Key Colony Beach, FL Addition TITLE Delete TITLE NAME Hill, P. Morgan STREET ADDRESS STREET ADDRESS 320 5th Street CITY-ST-ZIP CITY-ST-ZIP Key Colony Beach, FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE 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-7IP CITY-ST-7/P 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO