I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

PT

#### SIGNATURE: RAMONA LASHBROOK

I

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

SIGNATURE: DAWN M DREVER

#### **Officer/Director Detail :**

Title	VP	Title	PT	
Name	KAGAN, JACOB	Name	LASHBROOK, RAMONA	
Address	PO BOX 742	Address	PO BOX 237904	
City-State-Zip:	CHRISTMAS FL 32709	City-State-Zip:	COCOA FL 32923-7904	
Title	SECRETARY	Title	DIRECTOR	
Name	DREVER, DAWN	Name	GREENE, JAMES R	
Address	1617 KEMBERLTY AVE	Address	6050 EDISON ST	
City-State-Zip:	TITUSVILLE FL 32796	City-State-Zip:	COCOA FL 32927	
Title	DIRECTOR			
Name	BROWN, RYAN P			
Address	1617 KEMBERLY AVE			
City-State-Zip:	TITUSVILLE FL 32796			

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.

#### Name and Address of Current Registered Agent:

26205 E. COLONIAL DRIVE CHRISTMAS, FL 32709 US

DREVER, DAWN

## 26205 E. COLONIAL DRIVE

DOCUMENT# N0200004115

Entity Name: SAFARI TODD WILDLIFE PRODUCTIONS, INC.

#### **Current Principal Place of Business:**

CHRISTMAS, FL 32709

### **Current Mailing Address:**

26205 E COLONIAL DRIVE CHRISTMAS. FL 32709 US

### FEI Number: 03-0448912

# 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT FILED

#### Mar 08, 2023 Secretary of State 0251219641CC

03/08/2023 Date

Certificate of Status Desired: No

03/08/2023 Date