2001 UNIFORM BUSINESS REPORT (UBR)

May 22, 2001 8:00 am Secretary of State DOCUMENT # 1. Entity Name 05-22-2001 90626 045 ***167.50 FUN TIME INTERNATIONAL, INC. Mailing Address Principal Place of Business 1101 S. W. 15th St. 1101 S. W. 15th St. 00056406 Deerfield Beach, FL 33441-6241 Deerfield Beach, FL 33441-6241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State Not Applicable 59-2453165 Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 2 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONALD C. PLETTS Street Address (P.O. Box Number is Not Acceptable) 1101 S. W. 15th Street Deerfield Beach, FL 33441-6241 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 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. CR2E034 (11/00) ☐ Addition Change ☐ Delete TITLE TITLE PD NAME NAME Pletts, Donald C. STREET ADDRESS STREET ADDRESS 1101 S. W. 15th St. Deerfj CITY-ST-ZIP CITY-ST-ZIP Addition Change STD TITLE TITLE ☐ Delete NAME NAME Garwood, Janet STREET ADDRESS STREET ADDRESS 410 N.Mill St./P.O.Box 3889 CITY-ST-ZIP CITY-ST-ZIE Aspen. CO 81612 Change ■ Addition TITLE Delete ASD NAME Landau, Carol STREET ADDRESS STREET ADDRESS 704 North Road CITY-ST-ZIP CITY-ST-ZIP Boynton Beach, FL 33435 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE:

JANET GARWOOD

FILED