2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

SIGNATURE:

FILED Mar 16, 2001 8:00 am **DOCUMENT # 500718** Secretary of State 1. Entity Name EM MANAGEMENT, INC. 03-16-2001 90019 027 ***150.00 Principal Place of Business Mailing Address 359 CAROLINA AVE 359 CAROLINA AVE WINTER PARK FL 32789 WINTER PARK FL 32789 C0034474 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1690429 Not Applicable Zip Country Country \$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 Name DOWNING, GRANT T Street Address (P.O. Box Number is Not Acceptable) GODBOLD, DOWNING, SHEAHAN & BILL 222 W COMSTOCK AVE STE 101 WINTER PARK FL 32789 Zip Code City 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) 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, 2001 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. TITLE ☐ Delete TITLE ERICT. ammon NAME NAME RIVA, KYLE 359 Carouna Ave. STREET ADDRESS STREET ADDRESS 359 CAROLINA AVE Winter Park, FL 32789 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Delete ٧8. Change TITLE TITLE Tricia Relvini NAME NAME SUGGS, ELISE 359 Carouna avenue STREET ADDRESS STREET ADDRESS 200 S ORANGE AVE, #2800 Winter Park, FL 32789 CITY-ST-7IP CITY-ST-ZIP ORLANDO FL Pΰ TITLE - Change ☐ Addition* TITLE NAME NAME PUGH, JAMES H. STREET ADDRESS STREET ADDRESS 359 CAROLINA AVE. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL Addition ☐ Change TITLE □ Delete TITLE NAME NAME JACOBY, GREG STREET ADDRESS STREET ADDRESS 359 CAROLINA AVENUE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE TITLE ☐ Change Addition Delete NAME NAME MORGAN, KATHY STREET ADDRESS STREET ADDRESS 359 CAROLINA AVE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Detete TITLE Change ☐ Addition RELVINI, TRICIA NAME STREET ADDRESS STREET ADDRESS 359 CAROLINA AVE CITY-ST-7IP WINTER PARK FL 32789 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