2007 NOT-FOR-PROFIT CORPORATION

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FILED Jul 18, 2007 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT #754627** 1. Entity Name 07-18-2007 90047 045 ****61.25 ART UPTOWN, INC. Mailing Address Principal Place of Business 1367 MAIN STREET 1367 MAIN STREET SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072007 Chg-NP CR2E037 (12/06) Applied For City & State 4. FEI Number City & State 59-2030509 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CLARK, DANA 2248 SCHOOL CRCL. Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 33579 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. I am familiar with, and accept the obligations of registered agent SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 14, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE Change TITLE TELLER, DOUGLAS H NAME NAME 4546 PITTENGER DR STREET ADDRESS STREET ADDRESS SARASOTA, FL 34234 CITY-ST-ZIP CITY-ST-ZIP Change V. PRES. ☐ Addition ☐ Delete cecile MORAN Reposa COUDAL, BRENDAN NAME NAME 4907 80 M. AUE CIR. STREET ADDRESS 1302 SUNSET AVE STREET ADDRESS SARASOTA, FL 342 NOKOMIS, FL 34275 City-St-ZIP CITY-ST-ZIP PDC ☐ Delete TITLE ☐ Change ☐ Addition CLARK, DANA NAME NAME 2248 SCHOOL CRCL. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA, FL 00000 ☐ Delete TITLE TITLE janine Hoffman VAN RINER, ELIZABETH NAME 840 whooping Crane Ct 3911 RED ROCK WAY STREET ADDRESS STREET ADDRESS BRADENTON; SARASOTA, FL 34231 CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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/his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if