2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State DOCUMENT # L0000006863 1. Entity Name 05-06-2002 90295 029 ****55.00 ESSAY101.COM. LLC Principal Place of Business Mailing Address 1 SOUTH PINE ISLAND ROAD #207 1 SOUTH PINE ISLAND ROAD #207 PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1713505 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLEDSOE, FORREST L Street Address (P.O. Box Number is Not Acceptable) 1 SOUTH PINE ISLAND ROAD #207 PLANTATION FL 33324 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BLEDSOE, CHRISTOPHER NAME STREET ADDRESS 1921 NW 108 AVE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33026 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FERNANDEZ, ANNE NAME STREET ADDRESS 5441 BANYAN DR STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33156 CITY-ST-ZIP **CFO** TITLE ☐ Delete TITLE Change ~M^Addition NAME GREEN, RICHARD JR NAME STREET ADDRESS 18314 NW 12th St 18315 NW 12TH ST STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33029 CITY-ST-7IP **COO** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **BLEDSOE, ANDREW** NAME STREET ADDRESS 1921 NW 108 AVE STREET ADDRESS CITY-ST-7/P PEMBROKE PINES FL 33026 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

FILED