2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am DOCUMENT # NO100004379 Secretary of State THE MARK ANTHONY HOUSE, INC. 04-24-2001 90344 030 ***150.00 Principal Place of Business Mailing Address 4503 GULFWINDS DR. 4503 GULFWINDS DR. LUTZ FL 33549 LUTZ FL 33549 00000443681n--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 668125 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 ROMITO, DOROTHY A 4503 GULFWINDS DR. Street Address (P.O. Box Number is Not Acceptable) LUTZ FL 33549 City Zip Code 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ROMITO, DOROTHY A KAME NAME 4503 GULFWINDS DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ FL 33549 CITY-ST-77P TITLE ☐ Delete TITLE Change ☐ Addition ROMITO, WILLIAM M NAME STREET ADDRESS 4503 GULFWINDS DR. STREET ADDRESS CITY-ST-ZIP LUTZ FL 33549 CITY-ST-ZIP ☐ Delete ☐ Change Addition TORRES, SONDRA M NAME NAME STREET ADDRESS 4503 GULFWINDS DR. STREET ADDRESS CITY-ST-ZIP LUTZ FL 33549 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAZAE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered. cosident Doubly A. Ramio 4-18-01

