2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P0000048135 CRISPYTUNES, INC. 04-04-2001 90015 048 ***150.00 Principal Place of Business Mailing Address 27 DUFFERIN ST 27 DUFFERIN ST ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INTERNOSCIA, DAVID J Street Address (P.O. Box Number is Not Acceptable) 3149 PONCE DE LEON BLVD, UNIT #7 ST AUGUSTINE FL 32084 City Zip Code FL 8. The above named entitle 📆ts this statement for the purpose of the graph of the registered office or registered agent, or both, in the State of Florida SIGNATURE E: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE 15 \$150:00 10 - Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE Delete TITLE CR2E034 (10/00) ☐ Change Addition MCVEY, CHRIS NAME NAME 27 DUFFERIN ST STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 32084 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 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.

NING OFFICER OR DIRECTOR