FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State **DOCUMENT #** P95000031871 1. Entity Name ORCHARDDESIGN, INC. 05-08-2002 90121 024 ***150.00 Principal Place of Business Mailing Address 39 SW 10TH AVE. 39 SW 10TH AVE. 849076 BOCA RATON FL 33486-4557 BOCA RATON FL 33486-4557 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 65-0593976 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 SMITH, JOHN C ---Street Address (P.O. Box Number is Not Acceptable) 4800 N. FEDERAL HWY, STE. A-207 **BOCA RATON FL 33431** City Zip Code FI 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE D ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01) NAME FOY, HUNTER T NAME STREET ADDRESS 39 SW 10TH AVE. STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33486-4557** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME FOY, JO E NAME STREET ADDRESS 39 SW 10TH AVE. STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33486-4557** CITY-ST-ZIP Delete TITLE TITLE ☐ Addition ☐ Change 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-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change 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-7IP CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment

Date Daytime Phone #