2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P95000087423 LA POCO VIZIO INC. 04-27-2001 90275 039 ***150.00 Principal Place of Business Maiting Address 2618 MAYFAIR RD P.O. BOX 649 TALLAHASSEE FL 32303 HAVANA FL 32333 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 59-3345421 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 DOXEY, KIM M Street Address (P.O. Box Number is Not Acceptable) 2618 MAYFAIR RD TALLAHASSEE FL 32303 Zip Code F 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 or inted name of registered agent and title if applicable (NOTE: Registered Agent signature regarded when reinstating) DATE 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 efects to do so After MAY 1, 2001 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 TITLE CR2E034 (10/00) ☐ Delete Change ☐ Addition DOXEY, PATRICIA A NAME NAME STREET ADDRESS 2618 MAYFAIR RD. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL OITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition DOXEY, KIM M MAME STREET ADDRESS 2618 MAYFAIR RD. STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP C:TY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P CITY-ST-Z:P TITLE Delete TITLE Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAM-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I horoby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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 ith all other like empowered.

SIGNING OFFICER OF DIRECTOR