I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered. 04/02/2016 OWNER

SIGNATURE: LISA SCHMOLDT

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P06000091748

Entity Name: OTHERSIDE INK CORPORATION

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

117 HERALD COURT UNIT #116 PUNTA GORDA, FL 33950

Current Mailing Address:

117 HERALD COURT UNIT #116 PUNTA GORDA, FL 33950 US

FEI Number: 77-0663483

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SCHMOLDT, LISA 3319 ARECA ST PUNTA GORDA, FL 33950 US

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:

Officer/Director Detail :			
Title	DIR	Title	Р
Name	SCHMOLDT, LISA	Name	SCHMOLDT, LISA
Address	3319 ARECA ST	Address	1109 BEAUMONT AVE
City-State-Zip:	PORT CHARLOTTE FL 33950	City-State-Zip:	PORT CHARLOTTE FL 33948

Certificate of Status Desired: No

FILED Apr 02, 2016 Secretary of State CC3504097281

Date

Date