2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # 217789** 1. Entity Name FRAYNE SPORTSWEAR MANUFACTURERS, INC. 4-23-2001 90015 032 ***150.00 Principal Place of Business Mailing Address C/O THOMAS J FRAYNE C/O THOMAS J FRAYNE 6402 W. LINEBAUGH AVE. 6402 W. LINEBAUGH AVE. TAMPA FL 33625 642469 TAMPA FL 33625 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0864705 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRAYNE, THOMAS J Street Address (P.O. Box Number is Not Acceptable) 6402 W. LINEBAUGH AVE. TAMPA FL 33625 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change ☐ Addition PDC TITI F ☐ Delete FRAYNE, THOMAS J NAME STREET ADDRESS STREET ADDRESS 6402 W. LINEBAUGH AVE. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE FRAYNE, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 6402 W. LINEBAUGH AVE. CITY-ST-ZIP CITY-ST-7IP TAMPA FL Change ☐ Addition ☐ Delete TITLE TITLE CHAO, LILY NAME NAME STREET ADDRESS 6402 WEST LINEBAUGH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL ☐ Change ☐ Addition Delete TITLE TITLE Prayne, Jeffery P.* NAME NAME STREET ADDRESS STREET ADDRESS 6402 W. LINEBAUGH AVE. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Delete Change ☐ Addition TITLE FRAYNE, DOUGLAS T NAME NAME STREET ADDRESS 6402 W. LINEBAUGH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7ampa Fl ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered

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Homas J. FRAYNE SIGNATURE: \` wood SIGNATURE AND TYPES OF PRINTED NAME