2000 UNIFORM BUSINESS REPORT (UR **DOCUMENT # 516704** May 22, 2000 8:00 am Secretary of State PAPER MOON, INC. 05-22-2000 90079 035 ***150.00 Principal Place of Business Mailing Address POLO GROUNDS MALL POLO GROUNDS MALL 944 S. MILITARY TRAIL 944 S. MILITARY TRAIL WEST PALM BCH FL 33415 WEST PALM BCH FL 33415-3910 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1696498 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YANCEY, HENRY B. Street Address (P.O. Box Number is Not Acceptable) 1413 N.E. 56TH COURT FT. LAUDERDALE FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition PD ☐ Change ☐ Delete TITLE TITLE YANCEY, HENRY B NAME 1413 NE 56TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change ☐ Addition ☐ Delete TITLE YANCEY, ELIZABETH G NAME STREET ADDRESS STREET ADDRESS 1413 NE 56TH COURT CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP · · · · · · · · · · · · ☐ Change ☐ Addition ☐ Delete TITLE TITLE YANCEY, STEPHEN NAME NAME STREET ADDRESS STREET ADDRESS 524 SPRINGDALE CIR CITY-ST-7IP CITY-ST-ZIE PALM SPRINGS FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITL F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR



Davtime Phone #