2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am Secretary of State **DOCUMENT # 540109** 1. Entity Name NAUGHTY NEEDLE, INC. 05-08-2000 90145 039 ***150.00 Principal Place of Business Mailing Address 211 N. E. 98TH ST. 211 N. E. 98TH ST. MIAMI SHORES FL 33138-2407 MIAMI SHORES FL 33138 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1910326 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RENTE, MARGARET Street Address (P.O. Box Number is Not Acceptable) 211 N E 98TH STREET MIAMI SHORES, FLORIDA 33138 City Zip Code 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) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 N:14 (9/99 Addition TITLE ☐ Delete ☐ Change NAME RENTE, MARGARET NAME STREET ADDRESS STREET ADDRESS 211 N. E. 98TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL ☐ Delete TITLE ☐ Change ☐ Addition S TITLE NAME NAME RENTE, MARGARET STREET ADDRESS STREET ADDRESS 211 N. E. 98TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL TITLE 6013-30th Ave West --- Defete TITLE RENTE, GREGORY S NAME NAME STREET ADDRESS STREET ADDRESS S195-LINTON STREET Bradenton. H. CITY-ST-ZIP CITY-ST-ZIP PALM-BEACH GARDENO F ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

13. Thereby 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

(305) 751-9056 Daytime Prione #