2001 UNIFORM BUSINESS REPORT (UBR) OCUMENT # 820496 Entity Name SELIG ENTERPRISES, INC.						FILED Feb 01, 2001 08:00 AM Secretary of State				
Principal Place 1100 spring s suite 550 ATLANTA 303092848		Mailing Address 1100 SPRING STREET N W SUITE 550 ATLANTA 303092848		GA						
. Principal Pi	ace of Business	3. Mailing Address	_	-			•			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
City & State	9	City & State		}	4. FEI Number Applied For 58-6016800 Not Applicable					
Zip	Country	Zip		intry	1.5	of Status Desired		Additiona		
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Registered	Fee Requi	uireu		
	THOMAS PRO			Name			<u> </u>			
DRAGE THOMAS E BESQ DRAGE DEBEAUBIEN KNIGHT SIMMONS ROMANO & N 332 NORTH MAGNOLIA AVE.				Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO	F	L								
32802 US				City FL Zip Code						
SIGNATURE _	THOMAS B. DRAGE, Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61.25		Financii	ng _ \$	quired when reinstating) 5.00 May Be dided to Fees	Make Check				
			• • •			The state of the s	rtemp var. 2 . satur.			
IO.	OFFICERS AND DIR	Delete	11. TITLE		ADDITIONS/CH	ANGES TO OFFICERS AND D			Addition	
VAME STREET ADDRESS	STEIN RONALD J 1100 SPRINGS ST., SUITE 550		NAM				☐ Chan	ge L	Addition	
DITY-ST-ZIP	ATLANTA	GA 30309	ÇITY-	-ST-ZIP						
TITLE VAME	VD RIDDLE ROBERT C	☐ Delete	TITLE	E		·	☐ Chan	ge 🗆 /	Addition	
STREET ADDRESS	1100 SPRINGS ST., SUITE 550 ATLANTA	GA 30309	ı	ET ADDRESS - ST- ZIP						
TITLE NAME	VD WITT DAVID E	☐ Delete	TITLE	:			Chan	ge 🔲 /	Addition	
STREET ADDRESS	1100 SPRINGS ST., SUITE 550		STRE	ET ADDRESS						
CITY-ST-ZIP	ATLANTA	GA 30309	CITY	-ST-ZIP	-					
TITLE NAME STREET ADDRESS	SVD DAWKINS WILLIAM J 1100 SPRINGS ST., SUITE 550	☐ Delete	TITLE NAM STRE				☐ Chan	ge 🗀 /	Addition	
CITY-ST-ZIP	ATLANTA	GA 30309		-ST-ZIP						
TITLE NAME STREET ADDRESS	PD SELIG S. STEPHEN III 1100 SPRINGS ST., SUITE 550	☐ Delete	TITLE NAM STRE	l l			Chan	ge 🔲 /	Addition	
CITY-ST-ZIP	ATLANTA	GA 30309		-ST-ZIP		1				
TITLE NAME STREET ADDRESS		☐ Delete		}		-	☐ Chan	ge 🔲	Addition	

12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

William J. Dawkins

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SVD

02/01/2001