2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM DOCUMENT # F0000000061 1. Entity Name **Secretary of State** BRITTANY INTERNATIONAL GIFTS, INC. Principal Place of Business Mailing Address 1500 EPCOT RESORTS BLVD 1500 EPCOT RESORTS BLVD LAKE BUENA VISTA FL LAKE BUENA VISTA FL 32830 32830 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3599503 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTINI-BUFFMAN LORRI 13351 BEAR LAKE ROAD Street Address (P.O. Box Number is Not Acceptable) GROVELAND FL34736 US 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. 04/30/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD TITLE ☐ Delete TITLE ☐ Addition X Change MARTINI-BUFFMAN LORRI MAME NAME MARTINI-BUFFMAN LORRI STREET ADDRESS 13351 BEAR LAKE ROAD STREET ADDRESS 13351 BEAR LAKE ROAD CITY-ST-ZIP GROVELAND \mathbf{FL} GROVELAND CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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.

04/30/2001

Daytime Phone #

Date

PRES

SIGNATURE: _LORRI MARTINI-BUFFMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)