FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 28, 2002 8:00 am Secretary of State

	MENT # F0000000	0371			05-28-2002	91741 030 ***150.00
1. Entity Na						
ENTENM	IANN'S SALES COM	PANY INC.		ſ		
	-			7		
					· ·	
DO NOT WRITE IN THIS SPACE						
		4				
Principal Place of Business 3. Mailing Address						
55 PARADISE LANE 55 PARADISE				NE	_	
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.		DO NOT WRITE IN T	HIS SPACE
City & State City & State				4. FEI Number Applied For		
BAY SHORE NY Zip Country			BAY SHORE NY		11-3519173	Not Applicable
11706	Country USA	Zip 11706	Counti	У	5. Certificate of Status Desired	\$8.75 Additional
		122.00	0.511		7. Name and Address of Current Regi	Fee Required
	المارية فالمفريقية التحرار المنشوارد			Name	PORATION SYSTEM	
	DO NOT W	RITE		Street Address	is (P.O. Box Number is Not Acceptable)	
				Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD		
	IN THIS SF	ACE				
	:	- - +		City PLANTA	UTON	Zip Code 33324
8. The above	e named entity submits this stateme	ent for the purpose of	changing its red	istered office or		33324
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						
	oration is eligible to satisfy its Intang	gible Janu Af	ary 1 - May 1 F ter May 1, Fee	ee is \$150.00 is \$550.00	10. Election Campaign Financia	ng \$5.00 May Be
Tax filing requirement and elects to do so. (See criteria on back) After May 1, Fee is \$550.0 Amended UBR is \$61.25 Make Check Payable to Department					Truct Fund Contribution	Added to Fees
11.	OFFICERS AND		K Payable to D	epartment of St	ate	
TITLE	PRESIDENT/DIREC		TATLE			
NAME	GARY PRINCE		NAME			
STREET ADDRESS	100 Timemica Limit			ET ADORESS		
	DIV-SI-ZIP BAY SHORE, NY 11706			- ST - ZIP		
TITLE NAME	VICE PRESIDENT/DIRECTOR WILLIAM PETERSEN					[6
STREET ADDRESS	·			ET ADORESS		
CITY - ST - ZIP	Y .			ST - ZIP		
TITLE	SECRETARY		TITLE			
NAME	SHELLY SELIGMAN		NAME			
STREET ADDRESS CITY - ST - ZIP	- 33 11HGD 10H IMMD - 3 1			ET ADDRESS .	DO NOT WE)ITE
TITLE	TREASURER	1706	TITLE	ST-ZIP		
NAME	LOUISE LACCHIN				IN THIS SPA	ACE
STREET ADDRESS	55 PARADISE LAN		STREE	ET ADDRESS		
CITY - ST - ZIP	BAY SHORE, NY 1	.1706	CITY -	ST - ZIP		
TITLE NAME	VICE PRESIDENT RICK LEE	'	TITLE			
STREET ADDRESS	2821 EMERYWOODF	PARKWAY	NAME STREE	T ADDRESS		
CITY - ST - ZIP	RICHMOND, VA 23			ST - ZIP		
TITLE	DIRECTOR		TITLE			
NAME						
STREET ADDRESS 55 PARADISE LANE CITY-ST-ZIP BAY SHORE, NY 11706				T ADDRESS		
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110 07(2)(i) Elevide States of the section 110 07(2)(ii) Elevide States of the section 110 07(2)(iii) Elevide States of the s						
INIVITIALION INVICALED ON LINK FEDORI OF SUDDIEMENTAL FEDORI IS true and accurate and that my signature shall have the same least $+\pi$ - $+$ - $+$ - $+$ - $+$ - $+$ - $+$ - $+$ - $+$ - $+$ - $+$						
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 on an attachment with an address, with all other like empowered.						
SIGNATURE: WILLIAM PETERSEN KINDS						
SIGNATURE AND TYPED OR REPORTED NAME OF CICKUNG OFFICED OR DISCOURS						
					Date Da	ytime Phone #

STF FL32381F.1