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SECURITY OF STATE  
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |     |                                                                                 |                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F01000003960</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |     |                                                                                 |         |  |
| 1. Entity Name<br><b>BRADENTON VILLAGE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |     |                                                                                 |                                                                                          |  |
| Principal Place of Business<br>1101 30TH STREET, N.W., FOURTH FLOOR<br>WASHINGTON, DC 20007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |     | Mailing Address<br>1101 30TH STREET, N.W., FOURTH FLOOR<br>WASHINGTON, DC 20007 |                                                                                          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |     | 3. Mailing Address                                                              |                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |     | Suite, Apt. #, etc.                                                             |                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |     | City & State                                                                    |                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                           | Zip | Country                                                                         | 4. FEI Number<br><b>52-2300993</b>                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |     |                                                                                 | Applied For<br>Not Applicable                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |     |                                                                                 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |     | 7. Name and Address of New Registered Agent                                     |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |     | Name                                                                            |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |     | Street Address (P.O. Box Number is Not Acceptable)                              |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |     | City                                                                            |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |     | FL 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |     |                                                                                 |                                                                                          |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |     |                                                                                 |                                                                                          |  |
| DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |     |                                                                                 |                                                                                          |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$160.00</b><br/>           After May 1, 2003 Fee will be \$550.00<br/>           Make Check Payable to Florida Department of State         </div> <div>           9. Election Campaign Financing<br/>           Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees         </div> </div>                                                                                                                                                                                                                                     |                                                                   |     |                                                                                 |                                                                                          |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |     |                                                                                 |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VTD <input type="checkbox"/> Delete                               |     |                                                                                 |                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MELKONIAN, MARILYN                                                |     |                                                                                 |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1101 30TH STREET, N.W., FOURTH FLOOR                              |     |                                                                                 |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | WASHINGTON, DC 20007                                              |     |                                                                                 |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PS <input type="checkbox"/> Delete                                |     |                                                                                 |                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WHITMAN, WILLIAM L                                                |     |                                                                                 |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1101 30TH STREET, N.W., FOURTH FLOOR                              |     |                                                                                 |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | WASHINGTON, DC 20007                                              |     |                                                                                 |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | V <input type="checkbox"/> Delete                                 |     |                                                                                 |                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | HYSON, GREGORY A                                                  |     |                                                                                 |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1101 30TH STREET, N.W., FOURTH FLOOR                              |     |                                                                                 |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | WASHINGTON, DC 20007                                              |     |                                                                                 |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AS <input type="checkbox"/> Delete                                |     |                                                                                 |                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BALDWIN, WILLIAM A                                                |     |                                                                                 |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1101 30TH ST. N.W. FOURTH FLOOR                                   |     |                                                                                 |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | WASHINGTON, DC 20007                                              |     |                                                                                 |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                   |     |                                                                                 |                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |     |                                                                                 |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |     |                                                                                 |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |     |                                                                                 |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                   |     |                                                                                 |                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |     |                                                                                 |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |     |                                                                                 |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |     |                                                                                 |                                                                                          |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |     |                                                                                 |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |     |                                                                                 |                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |     |                                                                                 |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |     |                                                                                 |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |     |                                                                                 |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |     |                                                                                 |                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |     |                                                                                 |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |     |                                                                                 |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |     |                                                                                 |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |     |                                                                                 |                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |     |                                                                                 |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |     |                                                                                 |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |     |                                                                                 |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |     |                                                                                 |                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |     |                                                                                 |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |     |                                                                                 |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |     |                                                                                 |                                                                                          |  |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                   |     |                                                                                 |                                                                                          |  |
| SIGNATURE: <i>William A. Baldwin</i> Ass't Sec'y 5/2/03 200/333-8147                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |     |                                                                                 |                                                                                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |     |                                                                                 |                                                                                          |  |

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