FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

URE AND TYPED OR PRINTED NAME OF

Feb 07, 2001 8:00 am DOCUMENT # F9600003507 **Secretary of State** EDIETS.COM, INC. 02-07-2001 90202 004 ***158.75 Principal Place of Business Mailing Address 3467 W. HILLSBORO BLVD., STE 2 3467 W. HILL\$BORO BLVD., STE 2 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 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 65-0687110 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUMBLE, DAVID-R-Street Address (P.O. Box Number is Not Acceptable) 3467 W. HILLSBORO BLVD #2 **DEERFIELD BEACH FL 33442** Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CD ☐ Delete TIT) F Change ☐ Addition TITLE NAME HUMBLE, DAVID R NAME STREET ADDRESS 2696 EMERALD WAY N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL ☐ Addition ☐ Delete TITI F ☐ Change TITLE HAMILTON, ROBERT T NAME NAME STREET ADDRESS STREET ADDRESS 3467 W HILLSBORO BLVD # 2 CITY-ST-7IP CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Change ☐ Addition TITLE TITL F ☐ Delete BROWN, CHRISTINE M NAME NAME STREET ADDRESS STREET ADDRESS 3467 W HILLSBORO BLVD # 2 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE 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

954-360-9622