2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000004401

City-St-Zip:

COLUMBUS, GA 319012867

Entity Name: CARRIAGE HILL BRANDS INC.

FILED Apr 25, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 900 8TH STREET COLUMBUS, GA 319012687 **Current Mailing Address: New Mailing Address:** PO BOX 60 ATTN: TAX DEPARTMENT COLUMBUS, GA 319020060 US FEI Number: 58-2386215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD () Delete Title: PCD (X) Change () Addition DIVIN, ROLLAND G Name: Name: DIVIN, ROLLAND G 900 8TH STREET 900 8TH STREET Address: Address: City-St-Zip: COLUMBUS, GA 319012867 City-St-Zip: COLUMBUS, GA 319012867 US () Delete Title: SVPD Title: () Change () Addition Name: BARKER, GERALD R Name: 900 8TH STREET Address: Address: COLUMBUS, GA 319012867 City-St-Zip: City-St-Zip: Title: Title: SVPD (X) Delete () Change () Addition GASTON, S. ALBERT Name: Name: 900 8TH STREET Address: Address: City-St-Zip: COLUMBUS, GA 319012867 City-St-Zip: Title: () Delete Title: () Change () Addition SANDERS, SHARON Name: Name: Address: 900 8TH STREET Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SHARON M SANDERS TS 04/25/2003