FILED

2001 UNIFORM BUSINESS REPORT (UBR)

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

Feb 21, 2001 8:00 am **DOCUMENT # H21588 Secretary of State** 1. Entity Name SMILEY THE CLOWN, INCORPORATED 02-21-2001 90055 015 ***150.00 Principal Place of Business Mailing Address C/O MATTIE JOHNSON WILLIAMS C/O MATTIE JOHNSON WILLIAM 15004 SW 113TH CT 15004 SW 113TH CT MIAMI FL 33176 MIAM! FL 33176 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For 65-0143663 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 MATTIE JOHNSON WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 15004 SW 113TH CT MIAMI FL 33176 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. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 - 10. Election Campaign Financing \$5.00:May Be := 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 Delete TITLE Change ☐ Addition TITLE JONES, MATTIË JOHNSON NAME NAME 15004 SW 113TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ___ ___ Change Delete ☐ Addition TITLE TITLE SIMMONS, DELORIS NAME NAME STREET ADDRESS 421 SW 29TH AVE STREET ADDRESS CITY - ST-7IP FT LAUDERDALE FL CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE THOMAS, GENITHA NAME NAME 3357 FRANKLIN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE FL ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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

SIGNATURE: // COLUMN 2-1/-2001 3052335401
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Late Dayline Phone #

Home 301 233 075