2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 07, 2001 8:00 am Secretary of State **DOCUMENT # H47121** 1. Entity Name MAYANN ENTERPRISES, INC. 02-07-2001 90136 013 ***150.00 Principal Place of Business Mailing Address 7110 OVERLAND RD 4656 STEPHENS RD ORLANDO FL 32810 BLAIRSVILLE GA 30512 OLAVOD 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 59-2504122 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 HASTINGS, KENNETH E. Street Address (P.O. Box Number is Not Acceptable) 1237 FOXFIRE TRAIL ounlyu APOPKA FL 32712 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 d title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition NAME HASTINGS, KENNETH E. NAME STREET ADDRESS 1237 FOXFIRE TR. STREET ADDRESS CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP TITLE ST ☐ Delete TITLE Change ■ Addition NAME HASTINGS, NANCY R. NAME STREET ADDRESS 1237 FOXFIRE TR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP APOPKA FL TITLE ☐ Delete TITLE ☐ Change Addition NAME GICK BEALAH NAME STREET ADDRESS 1237 FOXFIRE TR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP APOPKA FL-32712 TITLE ☐ Defete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

ineth E. Hastings-1/31/01 407/29592