2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachy

SIGNATURE:

May 21, 2002 8:00 am Secretary of State J26033 DOCUMENT # 1. Entity Name 05-21-2002 91169 001 ***150.00 MANNERISMS, INC. Mailing Address Principal Place of Business - W.E.G. DELUUL %_E.O. DELUDS-685-B GEORGIA AVE 6526 HOLLA STREET LONGWOOD FL 32750 HOUSTON TX 77055 2. Principal Place of Business 3. Mailing Address 6526 Rolla Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 58-1684523 Not Applicable Houston, Country \$8,75 Additional 5. Certificate of Status Desired 77055 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEVORE, ROSA Street Address (P.O. Box Number is Not Acceptable) 685-B GEORGIA AVE LONGWOOD FL 32750 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9: This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. [X] Change TITLE TITLE PTD ☐ Delete PTD DeLude, Jeffery NAME NAME DELUDE, JEFFREY 6526 Rolla Street STREET ADDRESS STREET ADDRESS 2121 CONGRESS UNIT E 77055 Houston, Texas CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77002** [] Change ☐ Addition - Delete TITLE TITLE NAME NAME BRIGHAM, JOANNE STREET ADDRESS STREET ADDRESS 2121 CONGRESS UNIT E CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77002** ☐ Addition □1 Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TIT! E TITLE NAME 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

NTED NAME OF SIGNING OFFICER OR DIFFECTOR

FILED

Daytime Phone #