2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # L0000011560 1. Entity Name 04-16-2002 90076 041 ****50.00 CARTOONIA, L.L.C. Principal Place of Business Mailing Address 9124 CYPRESS GREEN DRIVE 9124 CYPRESS GREEN DRIVE JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEi Number 59-3670761 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AKEL, EDWARD C Street Address (P.O. Box Number is Not Acceptable) 9124 CYPRESS GREEN DRIVE JACKSONVILLE FL 32256 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. TITI F MGR TITLE Change ☐ Addition Delete NAME ABOUD, RICHARD J NAME STREET ADDRESS STREET ADDRESS 9124 CYPRESS GREEN DRIVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.