APR. 30. 2002 4:17PM LIA FOLEY & LARDNER MPANY

UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90130 004 ****50.00

DOCUMENT # L01000001978

1. Entity Name

PoP, I, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9428 BAYMEADOWS ROAD	9428 BAYMEADOWS ROAD
Suite, Apt. #, etc. SUITE 112	Suite, Apt. #, etc. SUITE 112
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32256 Country USA	Zip 32256 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3695282 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ~~Foley & Lardner~~ / FRL corp

Street Address (P.O. Box Number is Not Acceptable)

200 LAURA STREET

City JACKSONVILLE FL Zip Code 32202

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] 4/30/02

Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT THOMAS F BEECKLER THOMAS F. BEECKLER 9428 BAYMEADOWS ROAD	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUITE 112 JACKSONVILLE FL 32256	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E043R (12/01)

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.

SIGNATURE: [signature] THOMAS F. BEECKLER 4/30/02 904.737.9111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #