2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 02, 2001 08:00 AM DOCUMENT # L03103 1. Entity Name **Secretary of State** GREEN ASSOCIATES ADVERTISING & PROMOTIONAL CREATIVITY, Principal Place of Business Mailing Address 279 DEER CREEK BLVD 279 DEER CREEK BLVD 1105 DEERFIELD BEACH FL DEERFIELD BEACH FL33442 33442 US 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 65-0140357 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHIRLEY GREEN 279 DEER CREEK BLVD 1105 Street Address (P.O. Box Number is Not Acceptable) 279 DEER CREEK BLVD DEERFIELD BEACH FL33442 City Zip Code DEERFIELD BEACH 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. 01/02/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition GREEN, SHIRLEY MAME NAME 279 DEER CREEK BLVD 1105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442 CITY-ST-ZIP ☐ Delete PST TITLE ☐ Change NAME GREEN SHIRLEY NAME STREET ADDRESS 279 DEER CREEK BLVD 1105 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

CR2E034 (11/00)

SIGNATURE: Shirley Green PST 01/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #