2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 11, 2008 8:00 am Secretary of State DOCUMENT # L07000059983 04-11-2008 90179 001 ***138.75 1. Entity Name POPŚ N' ME, LLC Principal Place of Business Mailing Address **7931 BIDGSTONE DRIVE 7931 BIDGSTONE DRIVE** ~~~~~~ ORLANDO, FL 32835 ORLANDO, FL 32835 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 26-04 Not Applicable 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 Name RUSSO, PAUL Street Address (P.O. Box Number is Not Acceptable) 7931 BRIDGESTONE DRIVE ORLANDO, FL 32835 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGMR TITLE ☐ Delete MLE ☐ Change Addition Russo Concepts, The NAME NAME STREET ADDRESS STREET ADDRESS 1931 Bridgestone Dr. CITY-ST-ZIP CITY-ST-71P Orlando Fl. 32835 MLE ☐ Delete MLE ☐ 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-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-7IP CITY-ST-ZIP

FILED

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE