2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State DOCUMENT # L19846 1. Entity Name 05-15-2002 90175 007 ***158 75 BOOK-MART OF FLORIDA, INC. Principal Place of Business Mailing Address 165 WEST END AVE 11130 KINGSTON PIKE KNOXVILLE TN 37922 STE 1 PMB 1-184 KNOXVILLE TN 37922 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 62-1448856 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) ☐ Delete TITLE ☐ Change ☐ Addition WINEGARDNER, DEAN NAME STREET ADDRESS STREET ADDRESS 3000 RIVER HAVEN POINT CITY-ST-ZIP CITY-ST-7IP **KNOXVILLE TN 37922** TITLE ☐ Delete TITLE. ☐ Addition NAME NAME WINEGARDNER, DEAN STREET ADDRESS STREET ADDRESS 3000 RIVERHAVEN POINT CITY-ST-ZIP CITY-ST-ZIP KNOXVILLE TN 37922 Change - Addition -ST----Lance, Kristen NAME NAME LANGE, KRISTEN STREET ADDRESS STREET ADDRESS 165 W End Ave 165 W END AVE CITY-ST-ZIP CITY-ST-ZIP KNOXVILLE TN 37922 Knoxville TN 37922 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ 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

all other like empowered