2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L64984 1. Entity Name J C MARKETING CONSULTANTS, INC. Principal Place of Business Mailing Address %JUDY S CHATELAIN %JUDY S CHATELAIN 2464 GRAND TETON CIRCLE 2464 GRAND TETON CIRCLE WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Country 6. Name and Address of Current Registered Agent-ROESE, JERRY W 3586 ALOMA AVE., STE. 3 WINTER PARK FL 32792 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Apr 30, 2001 8:00 am Secretary of State

04-30-2001 90397 031 ***150.00

լսսշեն DO NOT WRITE IN THIS SPACE Applied For 59-3008244 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7--Name and Address of New Registered Agent-Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 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. DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Addition ☐ Delete ☐ Change CHATELAIN, JUDY S NAME NAME STREET ADDRESS 2464 GRAND TETON CIRCLEW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL TITLE ☐ Delete TITLE Change ☐ Addition NAME CHATELAIN, JUDY S NAME STREET ADDRESS 2464 GRAND TETON CIRCLEW STREET ADDRESS -CITY-ST-ZIP-WINTER PARK FL ----CITY-ST-ZIP---TITLE ☐ Delete TITLE Change ☐ Addition CHATELAIN, EDWARD R NAME NAME STREET ADDRESS STREET ADDRESS 2464 GRAND TETON CIRCLEW CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

SIGNATURE: