APPROVEU AND

| DOCUMENT # L9900002874 1. Entity Name | | | | 00 APR -6 AM 10: 16 | |
|--|---|--|---|---|-------------------------------|
| FIVE STA | AR E-COMMERCE, LLC | | | Of ALK -P. Au in: 10 | |
| | | | | SECRETARY OF STATE | |
| Principal Plac | ce of Business | Mailing Address | | TALL AHASSEE. FLORIDA | |
| 430 S. CONGRESS AVENUE DELRAY BEACH FL 33445 | | 430 S. CONGRESS AVI DELRAY BEACH FL 334 | | nf | |
| | | | ` | | |
| 2. Principal F | Place of Business | 3. Mailing Address | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | , |
| City & Stat | te | City & State | | Part | Applied For Not Applicable |
| ~ Zip | Country | ~ Zip~ | - Country | 5. Certificate of Status Desired 5. Security 5.00 A | dditional red |
| | 6. Name and Address of Curr | ent Registered Agent | | 7. Name and Address of New Registered Agent | |
| WOOLLE | v ecott | | . Name | | |
| | ONGRESS AVENUE | | Street Add | Street Address (P.O. Box Number is Not Acceptable) | |
| | BEACH FL 33445 | | | - | |
| , | | | City | FL Zip Co | ode |
| R The shove | | | ita registerea ombo or reg | istered agent, or both, in the State of Florida. | |
| 3. The above | Signature, typed or printed name of registered a | | OTE: Registered Agent signature n | quired when reinstating) DATE | |
| | | gent and title if applicable. (No | | 00 | |
| SIGNATURE | Signature, typed or printed name of registered as MANAGING ME | FILE I Make Check F | OTE: Registered Agent signature not some signature of the NOW!!! FEE IS \$50 Payable to Department 10. | 00 nt of State ADDITIONS/CHANGES | 66 |
| 9. SIGNATURE 9. SITTLE NAME STREET ADDRESS | Signature, typed of printed name of registered as MANAGING ME MGR WOOLLEY, SCOTT 430 S. CONGRESS AVENUE | gent and title if applicable. (NO FILE I Make Check F | OTE: Registered Agent signature of NOW!!! FEE IS \$50 Payable to Departme 10. TITLE NAME STREET ADDRESS | 00 ont of State | LEO83 (9/99) |
| 9. TITLE VANTE STREET ADDRESS VANTE STREET ADDRESS | Signature, typed or printed name of registered as MANAGING ME MGR WOOLLEY, SCOTT | FILE I Make Check F | OTE: Registered Agent signature in NOW!!! FEE IS \$50 Payable to Departme 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | ADDITIONS/CHANGES Change Change | CR2E083 (9) |
| 9. TITLE VAME STREET ADDRESS TITLE VAME | Signature, typed of printed name of registered as MANAGING ME MGR WOOLLEY, SCOTT 430 S. CONGRESS AVENUE | FILE I Make Check F MBERS/MEMBERS | NOW!!! FEE IS \$50 Payable to Departme 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | ADDITIONS/CHANGES Change -04/20/00011 | 50.00 |
| 9. TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP | Signature, typed of printed name of registered as MANAGING ME MGR WOOLLEY, SCOTT 430 S. CONGRESS AVENUE | FILE I Make Check F MBERS/MEMBERS Delete Delete | OTE: Registered Agent signature of NOW!!! FEE IS \$50 Payable to Departme 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE | ADDITIONS/CHANGES ADDITIONS/CHANGES Change -04/20/0001110- *****58.80 ***** | 50.00 |
| 9. FITTLE WANTE STREET ADDRESS CITY-ST-ZIP FITTLE WANTE WANTE STREET ADDRESS | Signature, typed of printed name of registered as MANAGING ME MGR WOOLLEY, SCOTT 430 S. CONGRESS AVENUE | FILE I Make Check F MBERS/MEMBERS Delete Delete | OTE: Registered Agent signature in NOW!!! FEE IS \$50 Payable to Departme 10. TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS | ADDITIONS/CHANGES ADDITIONS/CHANGES Change -04/20/0001110- *****58.80 ***** | -U20 -50.00 |
| 9. ITITLE WANTE STREET ADDRESS CITY-ST-ZIP TITLE WANTE | Signature, typed of printed name of registered as MANAGING ME MGR WOOLLEY, SCOTT 430 S. CONGRESS AVENUE | pent and title if applicable. (No FILE I Make Check F MBERS/MEMBERS Delate | OTE: Registered Agent signature in NOW!!! FEE IS \$50 Payable to Departme 10. TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME | ADDITIONS/CHANGES ADDITIONS/CHANGES Change -04/20/00-01110 *****50.00 ***** | -U20 -50.00 |
| 9. TITLE VAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE VAME STREET ADDRESS CITY- ST-ZIP TITLE VAME STREET ADDRESS CITY- ST-ZIP TITLE VAME VAME | Signature, typed of printed name of registered as MANAGING ME MGR WOOLLEY, SCOTT 430 S. CONGRESS AVENUE | Pent and title if applicable. (NO FILE I Make Check FILE I Make Check FILE I Make Check FILE I Delate Delate Delate | OTE: Registered Agent signature of NOW!!! FEE IS \$50 Payable to Departme 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | ADDITIONS/CHANGES Change ADDITIONS/CHANGES Change Change Change | -U2TO -SO - CO |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2000 UNIFORM BUSINESS REPORT (UBR)

Date

Daytime Phone #