2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2000 8:00 am Secretary of State **DOCUMENT # M53656** 1. Entity Name MELANCOLLIE, INC. 02-05-2000 90016 050 \*\*\*158.75 Mailing Address Principal Place of Business C/O COLLIN L. HANSON C/O COLLIN L. HANSON 1511 NORTHEAST 4TH AVENUE 1511 NORTHEAST 4TH AVENUE 710351 FT LAUDERDALE FL 33304-1035 FT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address FORES PUR DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0003043 Not A. .... \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent~ 6. Name and Address of Current Registered Agent Name HANSON, COLLIN L. 1511 NORTHEAST 4TH AVENUE FT LAUDERDALE FL 33304 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\* (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change TITLE ☐ Delete HANSON, COLLIN L. MAME STREET ADDRESS 3064 S OAKLAND FOREST DR #1006 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL . \*\*\*\*\*\*\*\* Change ☐ Delete TITLE NAME DALY, MELANIE NAME 3098 S OAKLAND FOREST DR. #1504 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL CITY-ST-ZIP Delete Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Additior ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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

SIGNATURE