FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 14, 2001 8:00 am Secretary of State **DOCUMENT # M72089** THE BABY PATCH, INC. 04-14-2001 90002 044 ***150.00 Principal Place of Business Mailing Address 800 E NEW HAVEN AVE 800 E NEW HAVEN AVE MELBOURNE FL 32901 MELBOURNE FL 32901 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 59-2877872 Not Applicable Zip Country Country \$8.75 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 TODD, CINDY LEE Street Address (P.O. Box Number is Not Acceptable) 1854 ARDMORE ST. N.E. PALM BAY FL 32907 City Zip Code equity Mbmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATUR of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE PTS TITLE ☐ Change Addition ☐ Delete TODD, CINDY LEE NAME NAME STREET ADDRESS STREET ADDRESS 1854 ARDMORE ST N.E. CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL ☐ Chanoe ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete 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-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME 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 changed, or on an attachment with an address, with all other like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR