2002 UNIFORM BUSINESS REPORT (UBR)

May 12, 2002 8:00 am Secretary of State DOCUMENT # M98000000473 1. Entity Name 05-12-2002 90590 002 ****50.00 THE ART RUSHING GROUP, LLC Principal Place of Business Mailing Address 1716 SHELBY OAKS NORTH, SUITE 9 1716 SHELBY OAKS NORTH, SUITE 9 MEMPHIS TN 38134 MEMPHIS TN 38134 957949 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 62-1664670 Not Applicable Zip Country Zip Country \$5.00 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** ☐ Delete TITLE (9/01)Change Addition NAME RUSHING, CAROL NAME STREET ADDRESS 1716 SHELBY OAKS NORTH, STE 9 STREET ADDRESS CR2E083 CITY-ST-ZIP MEMPHIS TN 38134 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BURNS, BARBARA W NAME STREET ADDRESS 1716 SHELBY OAKS NORTH, STE 9 STREET ADDRESS CITY-ST-ZIP MEMPHIS TN 38134 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change Addition NAME WATSON, GEORGE M NAME STREET ADDRESS 1716 SHELBY OAKS NORTH, STE 9 STREET ADDRESS CITY-ST-ZIP MEMPHIS TN 38134 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED