FILED 2001 UNIFORM BUSINESS REPORT (UBR) Sep 10, 2001 8:00 am Secretary of State DOCUMENT # N9400001942 09-10-2001 90002 009 ****61.25 HEAR MY HANDS INCORPORATED Principal Place of Business Mailing Address 1071 BIMINI LANE 1071 BIMINI LANE SINGER ISLAND FL 33404 SINGER ISLAND FL 33404 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 65-0491604 Not Applicable Zip Country Zip 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 Street Address (P.O. Box Number is Not Acceptable) VIGON, SUZIE 6217 WESTGATE DR **APT 813** ORLANDO FL 32835 Zip Code 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete (5/01) TITLE ☐ Change ☐ Addition VIGON, SUZIE NAME NAME STREET ADDRESS **6217 WESTGATE DR** STREET ADDRESS **CR2E037** CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition COFFIN, LINDA NAME NAME STREET ADDRESS 109 A-2 HALFMOON CIRCLE STREET ADDRESS CITY-ST-ZIP HYPOLUXO FL CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition LYONS, CHRISTINE NAME NAME STREET ADDRESS 175 CAPE POINTE CR. STREET ADDRESS CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LITRENTA, KATHERINE NAME STREET ADDRESS 8332 LITTLE BERK DR E STREET ADDRESS CITY-ST-ZIP BEYNTON BEACH FL CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEARSON, CHERYLYN NAME NAME STREET ADDRESS 2103 21ST LN ĺ STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Arnold Vigon NAME NAME STREET ADDRESS STREET ADDRESS 1071 Bimini 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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