2002 UNIFORM BUSINESS REPORT (UBR)

Jun 04, 2002 8:00 am Secretary of State DOCUMENT # **N9400001942** 1. Entity Name 06-04-2002 90205 014 ****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 Name Street Address (P.O. Box Number is Not Acceptable) YGON, SUZIE 5217 WESTGATE DR ##PT 813 ORLANDO FL 32835 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP ☐ Delete TITLE ☐ Change ☐ Addition (9/01 VIGON, SUZIE NAME NAME 6217 WESTGATE DR STREET ADDRESS STREET ADDRESS CITY ST-ZIP / C & ORLANDO FL 32835 CITY-ST-ZIP ШĖ, ☐ Delete TITLE ☐ Change ☐ Addition NAME LYONS, CHRISTINE NAME STREET ADDRESS 175 CAPE POINTE CR. STREET ADDRESS CITY-ST-ZIP Jupiter FL 33477 CITY-ST-ZIP DVP TITLE ☐ Delete TITLE Change ☐ Addition LITRENTA, KATHERINE NAME NAME STREET ADDRESS 8332 LITTLE BERK DR E STREET ADDRESS CITY-ST-7IP BEYNTON BEACH FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition PEARSON, CHERYLYN NAME 2103 21ST LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIF PALM BEACH GARDENS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition VIGON, ARNOLD NAME NAME STREET ADDRESS 1071 BIMINI LANE STREET ADDRESS CITY-ST-ZIP SINGER ISLAND FL 33404 CITY-ST-ZIP TITLE Delete -Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP 12. 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

SIGNATURE:

CITY-ST-ZIP

FILED