2000 UNIFORM BUSINESS REPORT (UBR) FILED DÖCUMENT # N9900005172 Sep 05, 2000 8:00 am 1. Entity Name Secretary of State SELF IMAGE, INC. 09-05-2000 90044 010 ****61.25 Principal Place of Business Mailing Address 4362 NORTHLAKE BLVD. 4362 NORTHLAKE BLVD. SUITE 108 SUITE 108 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business Mailing Address 724 Australian Ave. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired mer Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ょうつい exv 1 FERGUSON, TERRI L 4362 NORTHLAKE BLVD. **SUITE 108** PALM BEACH GARDENS FL 33410 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** After September 13, 2000 min. will be \$236.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition TITLE Director ☐ Delete residen MOYCYOSS Fergusal Charlie NAME NAME 1448 Mediterranean Rd. W/B, FL 33406-7830 STREET ADDRESS STREET ADDRESS Boy CITY-ST-ZIP CITY-ST-ZIP 354D*6* Change ☐ Addition ☐ Delete TITLE Director TITLE cretar Jorine Gilmore NAME NAME David Buddemeyer STREET ADDRESS STREET ADDRESS . clematis Triphammer CITY-ST-ZIP CITY-ST-ZIP UPB, FL 3340 ☐ Delete. TITLE Addition TITLE reasurer Director Dovis Carroll NAME NAME June Lisa Hunt-Campbell 48th Ct. North STREET ADDRESS 13132 STREET ADDRESS Gul Juay CITY-ST-ZIP CITY-ST-ZIP inton Beach, Dirěctor TITI F ☐ Change ☐ Addition TITLE ☐ Defete Russell Yarema 386 Glenbrook Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Atlantis, FL ☐ Delete TITLE ☐ Change ■ Addition TITLE obbie Alexander NAME NAME STREET ÁDDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

changed, or on an attachmer SIGNATURE:

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 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

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