FILED 2003 FOR PROFIT CORPORATION May 05, 2003 8:00 am UNIFORM BUSINESS REPORTA (UBR) Secretary of State P00000010242 DOCUMENT # 05-05-2003 91785 044 ***150.00 1. Entity Name D & C'S PLAYHOUSE, INC. Principal Place of Business Mailing Address 1104109/ 4509 BEE RIDGE ROAD SUITE B 4509 BEE RIDGE ROAD SUITE B SUITE C SUITE C SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business Mailing Address ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0977915 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOLFINGER, ENOLA H (P.O. Box Number is Not Acceptable) 4509 BEE RIDGE ROAD SUITE C Forest SARASOTA FL 34233 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10/-11. ☐ Delete Change . Addition areene, Deborah NAME GREENE, DEBORAH NAME 2927 Forest Lane STREET ADDRESS 4509 BEE RIDGE RD. STE. C STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Barasota, FL 34231 SARASOTA FL 34233 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .717LE--. Delete TITLE. Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE [] Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 607, 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Apr. 29, 2003.

☐ Change

☐ Addition

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