FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 15, 2001 8:00 am DOCUMENT # P0000014715 **Secretary of State** 1. Entity Name FETISH KREATIONS, INC. 03-15-2001 90180 042 ***150.00 Principal Place of Business Mailing Address C/O JOHN T. PAXMAN. P.A. C/O JOHN T. PAXMAN, P.A. 1601 FORUM PLACE SUITE 801 1601 FORUM PLACE SUITE 801 しりりょなること WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State Applied For Not Applicable 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 PAXMAN, JOHN T ESQ Street Address (P.O. Box Number is Not Acceptable) 1601 FORUM PLACE SUITE 801 WEST PALM BEACH FL 33401 City 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. 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITI F D ☐ Delete TITLE ☐ Change ☐ Addition Director NAME NAME HILL, LISA HILL, Lisa STREET ADDRESS STREET ADDRESS 1601 FORUM PLACE SUITE 801 7954 NW 7th Court CITY-ST-ZIP CITY-ST-ZIP Plantation, FL WEST PALM BEACH FL 33401 ☐ Change ☐ Addition TITLE ☐ Delete TITLE Director NAME NAME HILL, WILLIAM HILL, William 7954 NW 7th Court STREET ADDRESS 1601 FORUM PLACE SUITE 801 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP Plantation, FL 33324 ☐ Change ☐ Addition TITLE TITLE - Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR