04/23/2001 14:59 2153464289

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90404 042 ***150.00

DOCUMENT # P00000016162

1. Entity Name
ALFRED ANGELO - THE BRIDE'S STUDIO NO. 1, INC.

Principal Place of Business	Mailing Address
526 E. PARK AVE. TALLAHASSEE FL 32301	526 E. PARK AVE. TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
393 N. CONGRESS AVE,	116 WELSH RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH, FL	City & State: HORSHAM, PA
Zip: 33436 Country: USA	Zip: 19044 Country: U.S.A

4. FEI Number: 65-0981324 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301	Name: REGISTERED AGENT LEGAL SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 North Duval St. City: Tallahassee FL Zip Code: 32302

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: Sid Garnett, V.P. Registered Agents Legal Services, Inc.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILING FEE $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PICCIONE, VINCENT E 116 WELSH RD. HORSHAM, PA 19044	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PICCIONE, MICHELE 116 WELSH RD. HORSHAM, PA 19044	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPF WELTZ, JOSEPH 116 WELSH RD. HORSHAM, PA 19044	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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.

SIGNATURE: JOSEPH WELTZ VP. FINANCE 4/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #