FILED May 18, 2001 8:00 am Secretary of State **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P0000024630 1. Entity Name 05-18-2001 91550 025 ***150.00 SCOTT ADVERTISING DESIGN, INC. Mailing Address Principal Place of Business 605 26TH STREET OCEAN 605 26TH STREET OCEAN C0068326 MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable 65-0991138 Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired - Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAM J. SCOTT WOLFE, JOHN J Street Address (P.O. Box Number is Not Acceptable) 2975 OVERSEAS HIGHWAY 605 26th St., OCEAN MARATHON FL 33050 Zip Code City MARATHON, FL 33050 33050 to the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this 6.15.0 PRES remixed when reinstating) WILLIAM J. SCOTT (NOTE: Registered Agent signature required w FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Flection Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. X Addition ☐ Change TITLE .D. TITLE Delete WÍLLIAM J. SCOTT NAME NAME 605 26TH ST., OCEAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARATHON, FL CITY-ST-ZIP 33050 ☐ Change ★ Addition TITLE ☐ Delete TITLE S,T,D, NAME NAME ELIZABETH SCOTT STREET ADDRESS STREET ADDRESS CITY-ST-7IP 605 26TH ST., OCEAN CITY-ST-ZIP MARATHON, FL. Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2/P TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete NAME 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 prescript is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all pier like empowered

WILLIAM J.

ATURE AND TYPED OR PRINTED NAME OF

SCOTT

PRES

changed, or on an attachment with an address, with a

SIGNATURE: _

5.15.01 305.743.2116
Date Daytime Phone #