2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

May 22, 2002 8:00 am Secretary of State P00000030302 DOCUMENT# 1. Entity Name 05-22-2002 90173 007 ***158.75 MATCHSTICK PRESS, INC. MATCHSTICK PRESS & TROPICAL TEES SPORTSWEAR, INC. Principal Place of Business Mailing Address 3535 EDGEWATER DRIVE 3535 EDGEWATER DRIVE ORLANDO FL 32804 ORLANDO FL 32804 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3636446 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STOKES, DIANE J Street Address (P.O. Box Number is Not Acceptable) 916-G LAKE DESTINY ROAD ALTAMONTE SPRINGS FL 32714 Zip Code City 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 . DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE TITLE □ Delete NAME STOKES, DIANE J NAME 916-G LAKE DESTINY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-7IP ☐ Addition Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 of 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 attagment with an address, with all other like empowered.

FILED

April 26, 2002 407-447-0935 ္သ DIANE္႕ : STOKES Daytime Phone # SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date