2001 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2001 8:00 am Secretary of State **DOCUMENT # P00000048241** 1. Entity Name SENTIMENTAL KEEPSAKES, INC. 05-10-2001 90069 025 ***150.00 Principal Place of Business Mailing Address 2815 NW 13TH ST., STE, #305 2815 NW 13TH ST., STE, #305 GAINESVILLE FL 32609-2865 GAINESVILLE FL 32609-2865 2. Principal Place of Bysiness 1029 NW 7674 BLVD 3. Mailing Address 1029 NW 767H BLYD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered LEE KNELLINGER, RICHARD M Street Address (P.O. Box Number is Not Acceptable) 2815 NW 13TH ST., STE. #305 GAINESVILLE FL 32609-2865 8. The above named entity submits this attaement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (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 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. Change ☐ Addition ☐ Delete TITLE LEE, DAWN R. LEE. DAWN R NAME NAME 710 SW 69TH TERRACE APT A 6814 SW 6TH PLACE, APT. H STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE IFL 32607 CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete TITLE ☐ Addition TITLE BARTUT, BRAD W BARTLETT, BRAD W NAME NAME 710 SW 69TH TERRICE APT A STREET ADDRESS 710 SW 69TH TERR., APT. A STREET ADDRESS GAINESVILLE, FL 32607 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 (352)337-7702