2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0000053003 MILANE CORPORATION 04-30-2001 90361 024 ***150.00 Principal Place of Business Mailing Address 3423 SW 52ND AVENUE 3423 SW 52ND AVENUE 0004000 HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address 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 Agent Name COOKE, MARLENE Street Address (P.O. Box Number is Not Acceptable) 3423 SW 52ND AVENUE HOLLYWOOD FL 33023 Zin 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. FINANCIAL TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 39 N.W CITY-ST-ZIP CITY-ST-ZIP ONAT CREEK 33063 ☐ Change Addition TITLE UBLIC RELATIONS Delete NAME RONALD ST, & AFETS HARE STREET ADDRESS STREET ACCRESS 155 JOHCE CITY-ST-ZIP CITY-ST-ZIP -C° 34695 ☐ Change ☐ Addition ☐ Delete TITLE PRESIDENT MARAENE COCKE-EVITT 3423 SW JAND AUENCE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 404 YUVOUD ☐ Change Addition . □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition Delete TITLE TITLE

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 chapted or on a state-timent with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered

NAMS

STREET ADDRESS

CITY-ST-ZIP

BOOKS - KVITT MARUEN & CSOKE - EVITT PRES. 4-20-01

CR2E034 (10/00)