2002 UNIFORM BUSINESS REPORT (UBR)

May 05, 2002 8:00 am § Secretary of State DOCUMENT # P00000061698 1. Entity Name TEAM I.P. NOVELTIES, INC. 05-05-2002 90287 040 ***150.00 Principal Place of Business Mailing Address 1612 SE-VILLAGE GREEN DR 1612 SE VILLAGE GREEN DR PORT ST. LUCIE FL 34983 PORT ST LUCIE FL 34983 1822 SE MARIE E 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1026088 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPARKS, RANDALL L. Street Address (P.O. Box Number is Not Acceptable) 1612 SE VILLAGE GREEN DR PORT ST LUCIE FL 34983 网络有级医疗 缺陷 AND REAL MOTIVE CHEEN BY the manufacturer. Zip 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. SIGNATURE Signafure, typed or printed name of registered agent and title if applicable. (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 Einancing **\$5:00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) П Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)TITLE ☐ Delete Addition SPARKS, RANDALL L NAME STREET ADDRESS 1612 SE VILLAGE GREEN DR STREET ADDRESS **CR2E034** CITY-ST-ZIP PORT ST LUCIE FL 34983 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change noitibba NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 suppliemental 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

SIGNATURE:

13. I hereby certify that the information of the corporation or the rece changed, or on an attachmen

SIGNATURE AND TYPED OR PRINTED NAI

FILED