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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

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SIGNATURE:

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FILED Sep 06, 2001 8:00 am Secretary of State 1. Entity Name 09-06-2001 90010 047 ***150.00 ORCHID WEBSITE PRODUCTIONS, INC. Principal Place of Business Mailing Address 19315 NW 12TH ST. 19315 NW 12TH ST. PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FELNumber 21483 City & State City & State Applied For Not Applicable Zip 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 --RIZZI, ANTHONY M Street Address (P.O. Box Number is Not Acceptable) 19315 NW 12TH ST. PEMBROKE PINES FL 33029 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (2/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition RIZZI, ANTHONY M NAME 19315 NW 12TH ST. STREET ADDRESS CR2E034 STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33029 CITY-ST-ZIP TITLE ۷Ď ☐ Delete TITLE ☐ Change Addition RIZZI, LEISA F NAME NAME STREET ADDRESS 19315 NW 12TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33029 TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS Serve Alice CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z!P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

ATTACHMENT

Called And talked to Roth on aug 28
Called And talked to Roth on aug 28
2001 at 4:45 and She Said to
Attach this letter and Sent the 750 0.

thank you. Leisa Byzi