2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2003 8:00 am Secretary of State

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|--|----------------------------|-----------------------------|--------------|------------------------------|---------------|--|--|--|--|--------------------------|-----------------|-----------------|--|
| DOCUMENT # P0000065722 1. Entity Name AFTER SIX, INC. | | | | | | | 04-21-2003 90369 031 ***150.00 55040010 | | | | | | |
| Principal Plac | ce of Business | | Mailin | g Address | | | | | 220300 | , 0 | | | |
| 4355 W KENN TAMPA FL 33 | | | | w Kennedy Blvd A FL 33609 | | | | | | | | | |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | | | . CHECK HERE IF MAKING CHANGES | | | | |
| City & State Ci | | | | | | | | | FEI Number 59-3655045 Applied in Not | | | } | |
| 3500 | a E | Country 1018 Son Marie 4 | 12% | 3409 | Coun | Estela | uau | 5. (| | 75 Add Require | |] | |
| | 6. Name an | d Address of Current R | egistere | d Agent | | Name | | 7. N | Name and Address of New Registered Ager | 18 | |]_ | |
| DANILID A DEID COA | | | | | | | | | | | | 1 | |
| 7015 N ARMENIA AVE | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| TAMPA FL 33604 | | | | | | | | | | | |] | |
| | | | | | | City | | | FL | Zip Cod | e | 1 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or regist | | | | | | | | ed agent, or both, in the State of Florida. I am familiar with, and accept | | | | 1 | |
| the obligations of registered agent. | | | | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE | | | | | | | | | | | | | |
| , F | | EE IS \$150.00 | | | | | | | | | | 1 | |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | | | | |
| 10. | C Payable to FR | OFFICERS AND D | | | 11. | <u>.:</u> | | | . DITIONS/CHANGES TO OFFICERS AND DIR | ECTOR | 2 IN 11 | - | |
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| TITLE | PRES | 1000 | | Delete | TITLE | | | | | Change . | ☐ Addition | CR2E034 (10/02) | |
| NAME Observations | FRANK A | I ANNALELL | 9 | | NAME | 1 | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | TAMIA | 21 500 | 9 | | | ET ADDRESS -St-zip | | | | | | 1 | |
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| CITY-ST-ZIP | L | <u> </u> | | | | ST-ZIP | | | | | | | |
| 12. I hereby c | ertify that the ink | ormation supplied with the | nis filing o | does not qualify to | r the exen | nption state | ed in Sect | tion 1 | 19.07(3)(I), Florida Statutes, I further certify the | at the in | formation | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if the empowered 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 10 or Block 11 if the corporation of the receiver or trustee empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED HAVE OF BIGHING OFFICER OF DIRECTOR

A/Ablo3

8132867220

Daytime Phone #