2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, wi

SIGNATURE:

May 16, 2001 8:00 am Secretary of State DOCUMENT # P0000070636 1. Entity Name 05-16-2001 90100 004 ***150.00 MARQUEE DESIGNS, INC. Principal Place of Business Mailing Address 701 FRONT ST. #230 701 FRONT ST. #230 CELEBRATION FL 34747 **CELEBRATION FL 34747** 2. Principal Place of Business 3. Mailing Address 239 Hunt Club 339 Hont (GP Blog Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FELNumber Applied For 662045 ひこう しょうしん Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JURGENS, J.A. P.A. Street Address (P.O. Box Number is Not Acceptable) 505 WEKIVA SPRINGS RD, STE 500 LONGWOOD FL 32779 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE TITLE ☐ Delete ROBERTS, LAWRENCE D NAME NAME STREET ADDRESS 701 FRONT ST, #230 STREET ADDRESS 239 Hunt CLD Blud, 54c 201 CITY-ST-ZIP CLELEBRATION FL 34747 CITY-ST-ZIP Longwood, FL 32179 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

e empowered

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #