2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 10, 2001 08:00 AM P00000086839 DOCUMENT# Entity Name **Secretary of State** INCREDIBLY COOL DESIGN, INC. Principal Place of Business Mailing Address 806 W. KENNEDY BLVD. 806 W. KENNEDY BLVD. TAMPA FL TAMPA FL33606 33606 2. Principal Place of Business 3. Mailing Address 806 W. KENNEDY BLVD. 806 W. KENNEDY BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL TAMPA TAMPA 59-3714689 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33606 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE THOMAS GROUP, LLC BRACE RON 2310 N. NEBRASKA AVE., #B Street Address (P.O. Box Number is Not Acceptable) 19122 GOLDEN CACOON PL TAMPA FL33602 US City Zip Code LUTZ 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. 09/10/2001 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 FILE NOW!!! FEE IS \$150.00 FILE NOW!!! FEE 10 \$100.00________After MAY 1, 2001 Fee will be \$550.00._____ 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition X Change GOODWIN EMERSON MAME GOODWIN NAME EMERSON 806 W. KENNEDY BLVD. STREET ADDRESS STREET ADDRESS 806 W. KENNEDY BLVD. CITY-ST-ZIP TAMPA FL 33606 CITY-ST-ZIP TAMPA 33606 ☐ Delete CEO TITLE CEO X Change NAME THOMAS RICKY NAME THOMAS RICKY STREET ADDRESS 806 W. KENNEDY BLVD. STREET ADDRESS 806 W. KENNEDY BLVD. CITY-ST-ZIP TAMPA FL. 33606 CITY-ST-ZIP FLTAMPA 33606 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change Addition 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 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

09/10/2001

Daytime Phone #

Date

RICKY THOMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _