2004 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEBOR DIRECTOR

FILED Apr 29, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P00000088404 1. Entity Name 04-29-2004 90236 002 ***150.00 JLN SIGNATURE PRODUCTS, INC. Principal Place of Business Mailing Address 31425 SW 202 AVE 31425 SW 202 AVE. HOMESTEAD FL 33030 HOMESTEAD FL 33030 2. Principal Place of Business 3. Mailing Address 20240 SW 3155t, 26240 Sw 715 ST. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) tomester km es tes City & State 4. FEI Number Applied For 65-1040385 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3*30*30 usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEUBAUER, JR., JAMES L O. Box Number is Not Acceptable) 31425 SW 202 AVE. HOMESTEAD FL 33030 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. I am familiar with, and accept the obligations of registered agent. signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. mie Delete TITLE Newbauer, JAMES L. FR. NAME NEUBAUER, JAMES L NAME STREET ADDRESS 31425 SW 202 AVE. STREET ADDRESS HOMESTEAD FL 33030 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME: # 5 NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. 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 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 changed, or on an attachment with an address, with all other like empowered.