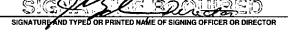
2002 UNIFORM BUSINESS REPORT (UBR)

May 02, 2002 8:00 am § Secretary of State P00000088865 DOCUMENT # 1. Entity Name 05-02-2002 90092 006 ***150 00 THREE DUMMIES, INC. Principal Place of Business Mailing Address 625 NW 16 AVE 625 NW 16 AVE **MIAMI FL 33125 MIAMI FL 33125** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1050576 Not Applicable Zip Country 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 BORDEN, DILLARD R Street Address (P.O. Box Number is Not Acceptable) 625 NW 16 AVE **MIAMI FL 33125** 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, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change Addition BORDEN, DILLARD R NAME NAME 625 NW 16 AVE STREET ADDRESS STREET ADDRESS **MIAMI FL 33125** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition BORDEN, JOY LYNN NAME NAME STREET ADDRESS 625 NW 16 AVE STREET ADDRESS **MIAMI FL 33125** CITY-ST-ZIP CITY-ST-ZIP TITLE _ . Delete: TITLE-. ___Change ☐ Addition NAME BORDEN, KENNETH C NAME STREET ADDRESS 625 NW 16 AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33125** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BORDEN, DILLARD R III NAME NAME STREET ADDRESS 625 NW 16 AVE STREET ADDRESS **MIAMI FL 33125** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME BORDEN, JONATHAN R NAME STREET ADDRESS STREET ADDRESS 625 NW 16 AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33125** TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.



FILED