FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State

DOCUMENT # P00000098171 1. Entity Name BEAUL MONDE DESIGNS, INC.				05-27-2002 90418 010 ***158.75			
DEAN MONDE DESIGN	NS, INC .	<u> </u>					
DO NOT WRIT	E IN THIS S	PACE					
2. Principal Place of Business 400 S. OCEAN BLVD	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,			DO NOT WRITE IN THIS SPACE		
_ City & State	Sity & State	Lity & State			4 FEIALL		
PALM BEACH, FL Country	PALM BEA			63-104667	046679 Applied For Not Applicable		
33480 USA	33480	LUSA		Certificate of Status Desired	Fee Red	Additional quired	
DO NOT W		Name	\cdot Γ	lame and Address of Current F	Registered Agent		
DO-NOT-WRITE Stired Address (P 460 S			idress (P.O.)	P.O. Box Number is Not Acceptable)			
IN THIS S	#	1000					
		City	w P	xeach	FL 75	200	
8. The above named entity submits this statement	for the purpose of changing its	registered office or	registered ac	gent, or both, in the State of Flori		2100	
SIGNATURE Spatial of street no 2 of regist red ages	nt and title if applicable. (NOTE	: Registered Agent signatur	required when n	cinstating)	5/6/02		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25				10. Election Campaign Finar	ncing C (5.00 May Be	
(See criteria on back) 11. OFFICERS ANI	Make Check Payab	UBR is \$61.25 le to Department	of State	Trust Fund Contribution.	[m] Y	ded to Fees	
TITLE PD Jennifer P. Bia		TITLE					
STREET ADDRESS :		NAME Street adôress		·		CR2E034B (12/01)	
CITY-ST-ZIP TITLE		CITY-ST-ZIP				348	
NAME STREET ADDRESS		TITLE NAME				RZE	
CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
TITLE		TITLE					
STREET ADDRESS CITY-ST-7IP		NAME Street adoress		DO NOT W	VDITE.		
IIII		CITY-ST-ZIP		DO NOT V			
NAME STREET ADDRESS		NAME STREET ADDRESS		IN THIS S	PACE		
CITY-ST-ZIP TITLE		CITY-ST-ZIP					
NAME		TEFLE NAME			· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS CITY-ST-ZIP	į	STREET ADDRESS CITY-ST-ZIP		-			
TITLE NAME		THLE	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS					
13 I berefu codifu that the information	this filing does not qualify for th	CITY-ST-ZIP	n Soction 14	0.07(2)(2)			
indicated on this report or supplemental report is of the corporation or the receiver or trustee empa attachment with an address, with all other like em	true and accurate and that my owered to execute this report a	signature shall have is required by Chapi	the same lector 11 the same lector 607, Florid	3.07(3)(i). Florida Statutes. I furti gal effect as if made under oath: da Statutes; and that my name :	her certify that the that I am an office	information r or director	
SIGNATURE: Knieler	A. Brani		Eli	,		ĺ	
GRATURE AND PED OR P	ENTED NAME OF SIGNING OFFICER OR	DIRECTOR	- 2/4	0/02 50 Date	7.373 · /	216	