FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 11, 2001 8:00 am Secretary of State DOCUMENT # P00000101212 1. Entity Name AMY'S AIR TOYS, INC. 01-11-2001 90058 047 ***150.00 Principal Place of Business Mailing Address 34150 GRAND CHAMPION LANE 34150 GRAND CHAMPION LANE EUSTIS FL 32736 EUSTIS FL 32736 600903 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable <u> 59-3676207</u> - 1979 - 1 Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KRENTEL, ROBERT Street Address (P.O. Box Number is Not Acceptable) 34150 GRAND CHAMPION LANE EUSTIS FL 32736 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition ☐ Change ☐ Delete TITLE TITLE PRESIDENT NAME NAME Amy Krentel STREET ADDRESS STREET ADDRESS 34150 Grand Champion Lane CITY-ST-ZIP CITY-ST-ZIP Eustis, FL 32736 Change ☐ Addition ☐ Delete TITLE VICE. PRESIDENT TITLE Robert Krentel NAME NAME 34150 Grand Champion Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Eustis: Fc 32736 CiTY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME 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

SIGNATURE: