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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

May 09, 2002 8:00 am & Secretary of State DOCUMENT # P01000036592 1. Entity Name 05-09-2002 90042 008 ***150.00 IMAGINE DESIGN GROUP, INC. Principal Place of Business Mailing Address 11338 S ORANGE BLOSSOM TRAIL 11338 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837 ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address 5521 Bellewood Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. 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 3TITLE -**X** Delete TITLE Change ☐ Addition NAME LEFLER, STEVEN L NAME STREET ADDRESS 11338 S ORANGE BLOSSOM TRAIL STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition Chapman, Anthony C 5521 Belleword St. NAME CHAPMAN, ANTHONY C NAME STREET ADORESS 11338 S ORANGE BLOSSOM TRAIL STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP TITLE ☐ Delete -TITLE Change . Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 appress, with all other like empowered.