## 2002 UNIFORM BUSINESS REPORT (UBR) 05-01-2002 91615 038 \*\*\*150.00 P010000000046424 A1F **DOCUMENT #** P01000066424 1. Entity Name DIVISION OF CORPORATIONS SILK CELEBRITIES, INC. 02 JUL -5 PH 4: 01 Principal Place of Business Mailing Address 10 SOUTH PALM AVENUE 10 SOUTH PALM AVENUE SARASOTA FL 34238 SARASOTA FL 34236 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 65-1123473 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 CORPORATION SERVICE COMPANY Street Address (ceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 8. The above named entity suprojts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE etdepilone it ettit bne tret (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 31. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Oelete TITLE (9/01) ☐ Addition NAME KANTOR, PAMELA NAME STREET ADDRESS 10 SOUTH PALM AVENUE STREET ADDRESS **CR2E034** CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-7IP TITE F ☐ Delete TITLE Change ■ Addition NAME DEVENY, TOULOUSE NAME STREET ADDRESS 10 SOUTH PALM AVENUE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP ÎIILE 🗆 Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mu Oelete 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-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify fer 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 they my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like significances.

SIGNATURE:

3. C. Talle ( Co )

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