FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am Secretary of State P01000080963 DOCUMENT # 1. Entity Name DL BERGER DESIGN STUDIOS, INC. -NAPLES 05-27-2002 90300 037 ***150.00 Mailing Address Principal Place of Business 1725 MAIN STREET 1725 MAIN STREET #27 WESTON FL 33326 WESTON FL 33326 DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FILINGS, INC. Street ess (P.O. Box Number is Not Acceptal 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above name SIGNATURE (NOTE: Registered Agent signature required when reinstating) e 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition Change 🕽 Delete TITLE TITLE BERGER, DIANNA L NAME NAME STREET ADDRESS 1725 MAIN STREET #207 STREET ADDRESS CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP == CITY-ST-ZIP 4 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental 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 regelier or trusper Empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the redei changed, or on an attachnien with all other like empowered.

SIGNATURE: