2003 FOR PROFIT CORPORATION

FILED Feb 05, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P02000014907 DOCUMENT # 02-05-2003 90121 040 ***150.00 1. Entity Name JEM DESIGN GROUP, INC. Principal Place of Business Mailing Address 3940 RADIO ROAD STE 107 3940 RADIO ROAD STE 107 NAPLES FL 34104 NAPLES FL 34104 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 1, yoon! MOON, JOHN E Street Address (P.O. Box Number is Not Acceptable) 3940 RADIO ROAD STE 107 NAPLES FL 34104 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. I am familiar with, and accept the obligations of registered ager SIGNATURE ited name of registered agent and title if applicable (NOTE: Registered Agent signature required Signature, typed or FILE NOW!!V FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. CR2E034 (10/02) vice President Change □ Delete TITLE (ARI Whittemore MOON, JOHN E NAME was 14th Ave NW 3940 RADIO ROAD STE 107 STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPLES FL 34104 CITY-ST-ZIP FL 341019 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment v other like empowered

SIGNATURE: