2003 FOR PROFIT CORPORATION

May 02, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000020148 DOCUMENT # 05-02-2003 90118 025 ***155.00 1. Entity Name ABOVE THE SNAKE LINE, INC. Principal Place of Business Malling Address 2182 NW 86TH TERR. 2182 NW 86TH TERR. MIAMI FL 33147 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. TH CHECK HERE IF MAKING CHANGES City & State City & State FEI Number Applied For 30-004-306b Not Applicable Ζiρ Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, PHILLIS M Street Address 3164 PEMBROKE RD. HALLANDALE FL 33009 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. I am familiar with, and accept the obligations of registere SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution: 1 Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change TITLE Delete TITLE ☐ Addition COLEY, RHEBA T NAME NAME STREET ADDRESS 2182 NW 86TH TERR. STREET ADDRESS m. FL 33147-4243 MIAMI FL 33147 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete **∠**XAddition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change -10ra co NAME NAME 000 NW3 dvenue 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 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachm

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED