|           | R PROFIT CORPOR<br>BUSINESS REPOR | _         | FILET<br>Aug 21, 2003 |
|-----------|-----------------------------------|-----------|-----------------------|
| OLIMENT # | D0000000700                       | / THE STA | Secretary of          |

12000089733 1. Entity Name SUSIEBABIE INC. Principal Place of Business Mailing Address 4083 FOREST HILL DRIVE 4083 FOREST HILL DRIVE COOPER CITY FL 33026 COORER CITY FL 33026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NECKLES, SUSAN Street Address (P.O.: Box-Number is Not Acceptable) -- --**4083 FOREST HILL DRIVE** COOPER CITY FL 33026 City 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 registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550,00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE 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 ☐ Addition TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

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 attachment with an address, with all other like empowered

NAME

STREET ADDRESS

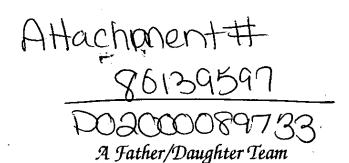
CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP





Ray Kedzerski

Sue Neckles

July 14, 2003

## To Whom It May Concern:

I am the President of Susiebabie Inc. I just received this notice on Friday, July 11, 2003. This was my first notice received. The Corporation was just formed last year. I am not familiar with the procedures. I am enclosing my check for \$150.00 as instructed. I was unable to do so on line due to the late notice. Please accept my apologies for any inconvenience.

If you have any questions or concerns, please contact me at 954-347-8208.

Thank you for your cooperation.

Sincerely,

Sue Neckles, President