2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P02000095279** 05-05-2003 91835 026 ***150.00 1. Entity Name PREFECT PAGES, INC. Principal Place of Business Mailing Address 3701 AMBERMIST DR 3701 AMBERMIST DR **TAMPA, FL 33691** TAMPA FL 33691 2. Principal Place of Business 3. Mailing Address 3701 Amber mist Suite Apt # etc. Suite Ant # etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 425599 City & State City & State Applied For Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARPENTER, JOELLYN L 3701 AMBERMIST DR Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33691 Zip Code a. 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 Out or explanat narray of attributes to a constant in the if we object the (NOTE: Registered Agent Signature required when re CATE FILENCHWIN FEE IS \$150 DO ARDE May 1 2003 Fee will be \$150 CD e Check Payable to Florida Department of State \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. E 80 TITLE Delete TOLE Addition LOCHYN CARPENTER MALE KUKÉ 3701 Ambermist DR STORES ADDRESS SZEROCIA TERRITO TAMPA, FL 33619 CITY-ST-ZP City-St-2iP TITLE 500 **⊠** Addition Detete TOLE BARBOUR NAME HALLE Erva 3402 magenta way #4 Brandon FL 33511 STREET ADDRESS STREET ADDRESS CITY-ST-ZP C#Y-57-2IP TITLE Addition C Delete 1012 Change: NAJE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CRY-ST-ZIP ■ Addition ☐ Delete TOLF NAME NUCE STREET ADMISSS CTOSET Althouses CITY-ST-ZP CITY-ST-21P Addition ☐ Delete TOLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZP TITLE Delete TITLE Addition MANE MALE STREET ALIDNESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 807, Florida Statutes; and that my mame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joelly Carperity ING OFFICER OR MRECTOR

JR2E034 (10/02)

FILED