2003 FOR PROFIT CORPORATION

Aug 11, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P02000095760 DOCUMENT # 08-11-2003 90283 041 ***150.00 1. Entity Name EMN VENDING, INC. Principal Place of Business Mailing Address 1823 ASHMORE GREEN DRIVE 1823 ASHMORE GREEN DRIVE JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 2. Principal Place of Business 3. Mailing Address SAME Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 13-4210308 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, THOMAS L Street Address (P.O. Box Number is Not Acceptable) **1823 ASHMORE GREEN DRIVE** JACKSONVILLE FL 32246 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 Signature, typed or printed name of registered agent and title if applicable. (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 Addition TITLE ☐ Delete TITL F LEE, THOMAS L NAME NAME 1823 ASHMORE GREEN DRIVE STREET ADDRESS STREET ADDRESS Jacksonville FL 32246 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ___Change - 🖃 Addition – NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition 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 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME

12. I hereby certify that the information supplied with this filling 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 propowered.

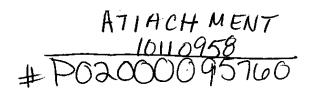
STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

FILED



To whom it may concern:

Aug. 6, 2003

Enclosed is the completed 2003 uniform business report for EMN Vending Inc. This is the first and only report that has been received. Enclosed is the \$150.00 renewal fee.

Please waive any late fees due to the EMN vending receiving documentation past the due date.

Thank you,