FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90278 043 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000102942

1. Entity Name
DISCOUNT MERCHANDISE, INC.

11013905

Principal Place of Business	Mailing Address
692 JAMESTOWN BLVD STE 2246 ALTAMONTE SPRINGS, FL 32714	692 JAMESTOWN BLVD STE 2246 ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip — Country	Zip — Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 32-3872651 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: Scott Robinson
Street Address (P.O. Box Number is Not Acceptable): 7827 Antibes Court
City: Orlando FL Zip Code: 32825

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] Scott Robinson 3/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Fee Is $150.00 ... After May 1, 2003 Fee will be $550.00 ... Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, SCOTT JAY 692 JAMESTOWN BLVD STE 2246 ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Scott Robinson 7827 Antibes CT Orlando, FL 32825	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUSCHLEN, JONATHAN J 692 JAMESTOWN BLVD STE 2246 ALTAMONTE SPRINGS, FL 32714	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUSCHLEN, PAOLA 692 JAMESTOWN BLVD STE 2246 ALTAMONTE SPRINGS, FL 32714	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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.

SIGNATURE: [signature] Scott Robinson 4/30/03 407-467-4930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #