2003 FOR PROFIT CORPORATION

Aug 06, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P02000131323 DOCUMENT # 08-06-2003 90055 006 ***550.00 1. Entity Name LET THEM EAT CAKE, INC. Principal Place of Business Mailing Address 50 N LAURA ST ST 1675 50 N LAURA ST ST 1675 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 2. Principal Place of Business Mailing Address 3647 PMCK 3647 PANK Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES State 4. FEI Number Applied For nukson vi Wa ~050094 Lorida Florida a ckoon in lile റ3 Not Applicable Country Country \$8,75 Additional 5. Certificate of Status Desired 2205 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **HURNETT, JASON** Street Address (P.O. Box Number is Not Acceptable) **50 N LAURA ST ST 1675** JACKSONVILLE FL 32202 Zip Code City 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 10. 11. TITLE ☐ Delete TITLE ☐ Addition ANITA ADAMS ADAMS, ANITA NAME NAME 50 N LAURA ST ST 1675 3647 PARK Street STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP CITY-ST-ZIP JAUCSONVILLE FI ☐ Addition ☐ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

CITY-ST-ZIP

TITLE

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