2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # P23505** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** OTIS SPUNKMEYER, INC. 01-19-2000 90207 017 ***150.00 Principal Place of Business Mailing Address 14390 CATALINA STREET 14390 CATALINA STREET SAN LEANDRO CA 94577-5514 SAN LEANDRO CA 94577 2. Principal Place of Business 3. Mailing Address Hoove sove Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 94-2536513 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TARKENTON, WAYNE Street Address (P.O. Box Number is Not Acceptable) 7548 CURRENCY DR ORLANDO FL 32809 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on báck) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 100 Director TITI F ☐ Addition TITLE CD ☐ Delete Androw KOHN do First Atlantic, 1356 57 a st. 294 PZ NAME **RAWLINGS. KENNETH** NAME STREET ADDRESS STREET ADDRESS 14490 CATALINA ST CITY-ST-7IP N.Y. NY 10022 CITY-ST-ZIP SAN LEANDRO CA Director ☐ Change ☐ Addition ☐ Delete TITLE TITLE JOSEPH JAVIV RICKS, STEVE NAME NAME STREET ADDRESS STREET ADDRESS SAME AS AGOVE 14490 CATALINA STREET CITY-ST-ZIP CITY-ST-ZIP SAN LEANDRO CA Director ☐ Change Addition CFO ☐ Delete TITLE POBERTO BURRON MORLOCK, STEVE NAME STREET ADDRESS STREET ADDRESS SAME AS Above .14490 CATALINA STREET CITY-ST-ZIP CITY-ST-ZIP SAN LEANDRO CA ☐ Change Addition Delete TITLE TITLE SCHIAVO, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 14490 CATALINA ST CITY-\$T-ZIP CITY-ST-ZIP SAN LEANDRO CA ☐ Change TITLE Addition ☐ Delete TITLE NAME KOHN, ANDREW NAME STREET ADDRESS STREET ADDRESS C/O 1ST ATLANTIC, 135 E 57 ST., 29TH FL CITY-ST-ZIP CITY-ST-7IP NEW YORK NY 10022 ☐ Delete ☐ Change Addition TITLE TITLE Diji NAME NAME JAVIV. JOSEPH STREET ADDRESS STREET ADDRESS C/O 1ST ATLANTIC, 135 E 57 ST., 29TH FL CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #