2000 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2000 8:00 am Secretary of State **DOCUMENT # P35209** JILLIAN'S, INC. 05-01-2000 90457 002 ***150.00 Principal Place of Business Mailing Address 1387 S 4TH ST --- S 4TH ST *** KY 40208 LOUISVILLE KY 40208-2349 2. Principal Place of Business 3. Mailing Address 462 S. Fourth Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 2200 City & State City & State 4. FEI Number Applied For 65-0186224 Louisville, Kentucky Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 40202 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) **1201 HAYS ST** TALLAHASSEE FL 32301 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. 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 \$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 back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **CEO** TITLE Delete TITLE President, Secretary, Treasurer, Director FOSTER, STEVEN NAME Daniel M. Smith STREET ADDRESS 1387 S 4TH ST STREET ADDRESS 1387 S. Fourth Street CITY-ST-ZIP LOUISVILLE KY 40208 CITY-ST-ZIP Louisville, KY 40208 PC00 Addition TITLE ☐ Delete TITLE Assistant Secretary Change SMITH, DANIEL M NAME NAME Gregory Stevens 1387 S 4TH ST STREET ADDRESS STREET ADDRESS 1387 S. Fourth Street CITY-ST-ZIP CITY-ST-ZIP **LOUISVILLE KY 40208** Iousville KY 40208 ☐ Detete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-716 CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TIJLE NAME NAME STREET ADDRESS STREET ADDRESS

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 w in address, with all othe

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

DANIEL M. SMITH 4/26/2000 (502) 638-9008