FILED

Apr 01, 2002 8:00 am Secretary of State

04-01-2002 90668 007 ***150.00

2002 Uniform Business Report (UBR) P93000012358 DOCUMENT # 1. Entity Name QUIMBY LANE FARM CORP. Mailing Address Principal Place of Business C/O MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY 251 ROYAL PALM WAY, #602 SIXTH FLOOR PALM BEACH FL 33480 PALM BCH FL 33480 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

|--|--|

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. F	4. FEI Number 65-0385964		pplied For ot Applicable	
Zip	Country	Zip			\$8.75 Add	75 Additional Required.		
	6. Name and Address of Current R	egistered Agent		7. N	lame and Address of New Registe	red Agent		
			Name					
DE MENDOZA, MARIO G III			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
251 ROYAL PALM WAY				Charles (1.5. Son Namber 16 Not Not Specific				
SIXTH FL	OOR							
PALM BEACH FL 33480			City	w		FL Zip Code	e	
8. The above	named entity submits this statement for	the purpose of changing its	s registered office or r	egistered ag	ent, or both, in the State of Florida.			
SIGNATURE								
0.0.0.	Signature, typed or printed name of registered agent an	d title if applicable. (NO	TE: Registered Agent signature	required when re	einstating) D	ATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FE After May 1, 2002 Fo Make Check Payable to				0.00	Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
11.	OFFICERS AND D	IRECTORS	12.	-DED	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11	
TITLE	AS	☐ Delete	TITLE	E		☐ Change	Addition	
NAME	DE MENDOZA, MARIO G III		NAME				ĺ	
STREET ADDRESS	251 ROYAL PALM WAY		STREET ADDRESS	•			\	
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP					
TITLE	PST	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	TARNOPOL, MICHAEL L		NAME					
STREET ADDRESS	251 ROYAL PALM WAY		STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP					
TITLE	D ARCHAEL I	Delete	TITLE			☐ Change	☐ Addition	
NAME STREET AUDRESS	TARNOPOL, MICHAEL L		NAME STREET ADDRESS				1	
CITY-ST-ZIP	251 ROYAL PALM WAY PALM BEACH FL		CITY-ST-ZIP					
	AS	**	-{	,				
TITLE NAME	WILKINSON, DEBRA	≭ ⊅ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	261 ROYAL PALM WAY		STREET ADDRESS				ł	
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP				ļ	
TITLE	N. C. COUNTY OF THE COUNTY OF	□ Delete	TITLE			☐ Change	Addition	
NAME	,	□ 0000€	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME			-	1	
STREET ADDRESS			STREET ADDRESS				ļ	
CITY-ST-ZIP			CITY-ST-ZIP					
13 I hereby	certify that the information supplied with the	ais filing doos not qualify fo	r the evernation states	d in Section 1	110 07/3\(i) Florida Statuton I furtho	r cortify that the in	formation	

Indicated on this report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, Flurther 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.

SIGNATURE:

SIGNATURE REMichaelen Tarnopol, President

(212) 272-3765