SIGNATURE: X

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State DOCUMENT # **P9400006902** 05-15-2001 90129 010 ***150.00 UNLIMITED EDITIONS, INC. Principal Place of Business Mailing Address 422 S. MILITARY TRAIL 422 S. MILITARY TRAIL D0053091 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 015. Federa DO NOT WRITE IN THIS SPACE ounton Applied For 4. FEI Number 65-0478747 ✓ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VINSON MARCUS VINSON, MARCUS N Street Address (P.O. Box Number is Not Acceptable) 101 South Federal 422 S. MILITARY TRAIL **DEERFIELD BEACH FL 33442** Boyntm Beach 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition DP TITLE Change Delete VINSON, MARCUS VINSON, MARCUS NAME 4. 101 South Federal Hury STREET ADDRESS STREET ADDRESS 422 S. MILITARY TRAIL CITY-ST-ZIP Bounton Beach 74 33435 CITY-ST-ZIP **DEERFIELD BEACH FL 33442** ☐ Addition Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition · Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.