2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

FILED Jun 16, 2003 8:00 am **Secretary of State**

5/:

05-05-2003 92210 036 ***150.00 P94000006902 DOCUMENT # 1. Entity Name UNLIMITED EDITIONS, INC. Principal Place of Business 55048299 Mailing Address 101 S FEDERAL HWY 101 S FEDERAL HWY BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435 CHECK HERE IF MAKING CHANGES Applied For 4. FEI Numbe 65-0478747 Not Applicable Country \$8.75 Additional \$. Certificate of Status Desired USA Fee Required VINSON, MARCUS N 101 S FEDERAL HWY **BOYNTON BEACH FL 33435** 8. The above named entity submits his statement for the purpose of changing its registered office egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE -FRE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE VINSON, MARCUS NAME NAME 101 S FEDERAL HWY STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME 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-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME 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.