2002 Uniform Business Report (UBR)

3/29/ * 3/2

FILED Apr 28, 2002 8:00 am Secretary of State

P94000014391 DOCUMENT # 03-29-2002 91066 001 ***150.00 1. Entity Name 03-29-2002 91066 002 *****8.75 MYSTERY GUEST, INC. Mailing Address Principal Place of Business 280 W CANTON, SUITE 110 280 W CANTON, SUITE 110 WINTER PARK FL 32789 WINTER PARK FL 32789 บร 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3240681 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HILDENBRAND, JOSEPH J 280 W CANTON, SUITE 110 WINTER PARK FL 32789 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is aligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filling requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. (9/01) ☐ Addition Change TITLE TITLE NAME NAME HILDENBRAND, JOSEPH J STREET ADDRESS STREET ADDRESS 280 W CANTON, SUITE 110 CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP ☐ Chance ☐ Addition TITLE 🗘 Delete TITLE NAME NAME HILDENBRAND, KAYLOR V STREET ADDRESS STREET ADDRESS 280 W CANTON, SUITE 110 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Addition Change TITLE Jane Newnum ZEO W. Canton Av., Swite 110 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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