## May 13, 2002 8:00 am Secretary of State **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) P94000071539 DOCUMENT # 1. Entity Name 05-13-2002 90079 021 \*\*\*150.00 BRITTANY OF ROSEMONT GROUP, INC. Principal Place of Business Mailing Address 215 N. EOLA DRIVE 215 N. EOLA DRIVE ORLANDO FL 32801 ORI ANDO EL 32802 2. Principal Place of Business 3. Mailing Address 301 E. Pine Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 1400 City & State City & State 4. FEI Number Applied For 23-2779480 Not Applicable Orlando, Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 32801 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALLETTA, JAMES Street Address (P.O. Box Number is Not Acceptable) 301 E. PINE STREET **SUITE 1400** ORLANDO FL 32801 City Zip Code FI 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME SULLIVAN, TIMOTHY F NAME 364 WILMINGTON WEST CHESTER PIKE STREET ADDRESS STREET ADDRESS GLEN MILLS PA 19342 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE **Change** ☐ Addition NAME BALLETTA, JAMES NAME 301 E. Pine Street, Suite 1400 STREET ADDRESS 215 NORTH EOLA DRIVE STREET ADDRESS CITY-ST-7IF ORLANDO FL 32801 CITY-ST-ZIP Orlando, FL 32801 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

MS OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE: