**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P9400083038  1. Entity Name GIRLY STUFF, INC.   |                                       |  |   |                                  |  |  | Feb 24, 2002 8:00 am<br>Secretary of State<br>02-24-2002 90065 008 ***150.00 |                         |                             |  |
|--|---------------------------------------|--|---|----------------------------------|--|--|--|-------------------------|-----------------------------|--|
| Principal Plac<br>2920 PADDOC<br>SUITE 504<br>FT. LAUD. FL<br>US   | CK ROAD                               | S  | Mailing Address 2920 PADDOCK RD SUITE 504 FT. LAUD. FL 33331 US |                                  |  |  | naa21123   |                         |                             |  |
| 2. Principal P   | lace of Busin                         | ess                                      | 3. Mailing Address  |                                  |  |  |  |                         |                             |  |
| Suite, Apt.  | #, etc.                               |  | Suite, Apt. #, etc.   |                                  |  |  | DO NOT WRITE IN THIS SPACE   |                         |                             |  |
| City & State   | е                                     |  | City & State  |                                  |  | <b>4.</b> F                                    | 65-0694088   | <del></del> -           | oplied For<br>ot Applicable |  |
| Zip  | Country                               |  | Zip Count   |                                  | у  | 5. Certificate of Status Desired               |  |                         |                             |  |
| 6. Name and Address of Current Registered Agent  |                                       |  |   |                                  | 7. Name and Address of New Registered Agent Name |  |  |                         |                             |  |
|  | DOCK ROA                              |  | Street Address  |                                  |  | (P.O. Box Number is Not Acceptable)            |  |                         |                             |  |
| FT. LAUD. FL 33331   |                                       |  |   |                                  | City   | FL Zip Code                                    |  |                         |                             |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or response of changing its registered of changing its re |                                       |  |   |                                  |  | e required when re 0 60.00 of State            |  | DATE  mancing \$5.0  n. | May Be to Fees S IN 11      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                       |  | ☐ Delete  | TITLE<br>NAME<br>STREE<br>CITY-S | T ADDRESS<br>ST-ZIP                              |  |  |                         |                             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VP<br>Douglas<br>2920 Pad<br>Ft Laude |  | □ Delete  | NAME<br>STREE<br>CITY-S          | F ADDRESS<br>ST-ZIP                              |  |  | ☐ Change                | ☐ Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 2920 PAD                              | S, II, MARC<br>DOCK RD<br>RDALE FL 33331 | ¯ □ Delete  | TITLE<br>NAME<br>STREE<br>CITY-S | T ADDRESS<br>ST-ZIP                              | -  |  | -~                      | ☐ Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 2920 PAD                              | S, TIFFANY<br>DOCK RD<br>ERDALE FL 33331 | ☐ Delete  | TITLE<br>NAME<br>STREE<br>CITY-S | I ADDRESS<br>ST-ZIP                              | ,  |  | ☐ Change                | ☐ Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ☐ Delete                              |  | TITLE<br>NAME<br>STREE<br>CITY-S                                | I ADDRESS<br>ST-ZIP              | D<br>Alexan<br>2920<br>El.La                     | ndra Douglas<br>Paddock Road<br>uderdala FC-33 | ☐ Change   | <b>∠</b> Addition       |                             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                       |  | ☐ Delete  | CITY-S                           |  |  | I 19 07/3)(i) Florida Statutes   | ☐ Change                | Addition                    |  |

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 appears, with all other like empowered. pres Hent SIGNATURE: 954-214-5912 ATORE AND TYPED OR PRINCED NAME OF SIGNING OF ICER OR DIRECTOR

Daytime Phone #