| 2001   | <b>UNIFORM BUS</b>   | <b>?</b> )  | FILED      |                           |                                     |                            |                                     |            |                        |               |                 |
|--|--|---|------------|---------------------------|-------------------------------------|----------------------------|-------------------------------------|------------|------------------------|---------------|-----------------|
| DOCUMENT # P9500024025  1. Entity Name COMMON CENTS, INC.    |  |   |            |                           |                                     | -                          | 27, 2001 08:00 AM ecretary of State |            |                        |               |                 |
| Principal Plac<br>6044 N.W. 83RI<br>207<br>PARKLAND<br>33067 |  | Mailing Address 6044 N.W. 83RD TERRACE 207 PARKLAND 33067 | US         | FL                        |                                     |                            |                                     |            |                        |               |                 |
| 2. Principal P   | Mace of Business   | 3. Mailing Address 6044 N.W. 83RD TERRACE                 |            | . ,                       |                                     |                            |                                     |            |                        | -             |                 |
| Suite, Apt.  |  | Suite, Apt. #, etc.                                       |            |                           |                                     | DO NOT WRITE IN THIS SPACE |                                     |            |                        |               |                 |
| City & State   | <b>e</b> FL  | City & State  |            | FL                        |                                     | . FEI Number               | 5                                   |            | <del></del>            | pplied For    | 1               |
| Zip<br>33067   | Country  | Zip<br>33067  | Coun<br>us | try                       |                                     | . Certificate of S         |                                     |            | \$8.75 Add             |               |                 |
|  | 6. Name and Address of Current   | t Registered Agent  | _          | Manne                     | 7                                   | . Name and Ad              | dress of New                        | Registered | Agent                  |               | 4               |
| KLINE<br>100 WEST (  | VICTOR<br>CYPRESS CREEK ROAD, SUITE 700  | ,   |            | Name<br>Street A          | ddress (P.O                         | . Box Number is            | Not Acceptab                        | le)        | . <u></u>              | <del></del> _ |                 |
| FT. LAUDE<br>33309   | RDALE<br>US  | FL  |            | City                      |                                     |                            |                                     | FI         | Zip Cod                | e             | ]               |
| 0 TI 1   | named entity submits_this statement f  |   |            | <u> </u>                  |                                     |                            | <u>-</u>                            |            | <b>-</b>               |               | 4               |
| Tax filing r   | Signature, typed or printed name of registered agen pration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)                          | 7, 4, 2 a-v   | l FEE      | IS \$150.I<br>will be \$5 | 50.00                               | 10. Election               | on Campaign F<br>und Contributi     | DATE       | 7/2001<br>\$5.0  Added | 0 May Be      |                 |
| 11.  | OFFICERS AND   | DIRECTORS   | 12.        |                           |                                     | ADDITIONS/CH               | ANGES TO OF                         | FICERS AN  | D DIRECTOR             | S IN 11       | 1               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                        | DPST TANNER MARC 6844 NW 83RD TER PARKLAND   | ☐ Delete  FL 33067  |            |                           | DPST<br>TANNER<br>6844 NW<br>PARKLA | 83RD TER                   | s                                   | FL         | <b>№</b> Change 33067  | ☐ Addition    | CR2E034 (11/00) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                        |  | ☐ Delete ,  |            |                           |                                     |                            | -                                   | •          | ☐ Change               | ☐ Addition    | CR2E            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                        |  | ☐ Delete  |            |                           |                                     |                            |                                     | <u> </u>   | ☐ Change               | ☐ Addition    |                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                        |  | ☐ Delete  |            |                           |                                     |                            |                                     | W -        | Change                 | ☐ Addition    |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               |  | ☐ Delete  |            |                           |                                     |                            |                                     |            | ☐ Change               | ☐ Addition    |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               |  | ☐ Delete  |            |                           |                                     |                            |                                     |            | Change                 | ☐ Addition    |                 |
| of the cor   | pertify that the information supplied wit<br>on this report or supplemental report in<br>poration or the receiver or trustee emp<br>or on an attachment with an address, | is true and accurate and that mo                          |            |                           |                                     |                            |                                     |            |                        |               | 1               |
| SIGNAT   |  | PRINTED NAME OF SIGNING OFFICER O                         | R DIRECT   | OR                        |                                     | Pres (                     | 04/27/2001<br>Date                  |            | Daytime Phone #        |               |                 |