FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2001 8:00 am Secretary of State DOCUMENT # P95000031193 1. Entity Name CELLYNNE U.S.A., INC. 04-18-2001 90044 004 \*\*\*150 00 Principal Place of Business Mailing Address 2124 ANGIE AVENUE 780 CENTRAL FL PKWY BLDG 7 SECTION B ORLANDO FL 32824 A00515911 GREENBAY WI 54302 Principal Place of Business 3. Mailing Address DO PACKERLAND Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3314092 $m\Box$ Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name J. Bennett Grocock, P.A. J. BENNETT GROCOCK, P.A. Street Address (P.O. Box Number is Not Acceptable) 205 E. Central Boulevard 126 E JEFFERSON ST SUITE 200 Suite 601 ORLANDO FL 32801 City Zip Code 32801 Orlando 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 Bennett Grocock, SIGNATURE , typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П 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 CR2E034 (10/00) ☐ Delete TITLE Change ☐ Addition MINGUEZ, PATRICE NAME NAME STREET ADDRESS STREET ADDRESS 780 CENTRAL FLORIDA PKWY CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32824 DVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ALLEGRE. MARK NAME STREET ADDRESS STREET ADDRESS 780 CENTRAL FLORIDA PKWY CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32824 TITLE TITLE ☐ Delete ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Allegre 3/26/01 (40) 856433