2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 28, 2000 8:00 am Secretary of State DOCUMENT # P95000031779 1. Entity Name WRITING SURFACES, INC. 07-28-2000 90147 008 ***550.00 Principal Place of Business. Mailing Address 520 RALRH 520 RALPH 81. SARASOTATI 34242 SARA9014 FL 34242 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0576634 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Name GRANT CASTILOW CORPORATE ACCESS, INC. Street Address (P.O. Box Number is Not Acceptable) 1116-D THOMASVILLE RD. TALLAHASSEE FL 32303 for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named e SIGNATUR FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete TITLE TITLE CASTILOW, JASON R. NAME NAME 520 BALPH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 ☐ Change ☐ Addition Delete Delete TITLE TITLE CASTILOW CARTER H. NAME NAME STREET ADDRESS 520 BALPH ST STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP CITY-ST-ZIP 🞾 Delete TITLE Change ☐ Addition TITLE NAME. CASTILOW, ANN L. NAME... STREET ADDRESS 520 RALPH ST STREET ADDRESS SARÁSOTA FL 34842 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE 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 provided empowers and 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

SIGNATURE: