FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P96000006616 VISIONARY MARKETING CONCEPTS, INC. 04-12-2001 90043 003 ***150.00 Principal Place of Business Mailing Address 223 MARK TWAIN LANE 223 MARK TWAIN LANE ROTONDA WEST FL 33947 ROTONDA WEST FL 33947 2. Principal Place of Business 3. Mailing Address 2541 ENGLEWOOD Rd 2541 ENclewood Rd Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0646595 ENGlewood ENGLEWOOD Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEWIS, RONALD G Street Address (P.O. Box Number is Not Acceptable) 2541 Enclewood Rd 223 MARK TWAIN LANE ROTONDA WEST FL 33947 City ENGlewood, 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. Konald G LEWIS (NOTE: Registered Agent signature required when reinstating) 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. 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. 3R2E034 (10/00) Delete TITLE 2541 ENGLEWOOD Rd LEWIS, RONALD G NAME NAME 223 MARK TWAIN LANE STREET ADDRESS STREET ADDRESS EnGlewood, FL 34223 ROTONDA WEST FL 33947 CITY-ST-ZIP CITY-ST-7IP STD TITLE Delete TITLE LEWIS, JEAN P NAME NAME 2541 Enclewood Rd 223 MARK TWAIN LANE STREET ADDRESS STREET ADDRESS ENGlewood, FL 34223 ROTONDA WEST FL 33947 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition 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 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 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.

Kanald G LEWIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR