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2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am DOCUMENT # P96000008573 Secretary of State ATHENA PUBLICATIONS, INC. 02-13-2001 90077 021 ***158.75 Mailing Address Principal Place of Business 5415 JAEGER RD P.O. BOX 10904 NAPLES FL 34101 UNIT A NAPLES FL 34109 US 2. Principal Place of Business 49 Richmonduille AVE 3. Mailing Address 49 Richmonduille Ave Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE SuiTE 308 Suite 308 City & State City & State 65-0665958 Applied For 4. FEI Number Westport west oost Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 06880 FAIRFIELD O6880 FAIRFIELD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITELAW, JENNIFER L Street Address (P.O. Box Number is Not Acceptable) 3838 TAMIAMI TRAIL N 3RD FLOOR NAPLES FL 34103 City Zip Code 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. (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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SR2E034 (10/00) ☐ Delete TITLE Change Addition TITLE RUST, WILLIAM F RUST, WILLIAM F NAME NAME 3244 BROWSON ROAD 325 COCOHATCHEE BLVD STREET ADDRESS STREET ADDRESS FAIRFIELD CT 0643 U NAPLES FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE RUST, RANDI L. RUST, RANDI L NAME NAME 3244 BRONSON ROAD 325 COCOHATCHEE BLVD STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-7IP FAIRFIELD CT 06430 - Change ---- 🗀 Addition = TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 address, with all other like empowered.

SIGNATURE: Tandi & . Quet Randi L. Rust 2/7/01 208/221-0240