2001 UNIFORM BUSINESS REPORT (UBR) FILED Jul 17, 2001 08:00 AM DOCUMENT # P9600021520 Entity Name **Secretary of State** MARVEL & COMPANY, INC. Principal Place of Business Mailing Address 210 SW 29TH AVE P.O. BOX 276272 DELRAY BCH FL BOCA RATON FL33445 334276272 2. Principal Place of Business 3. Mailing Address 210 SW 29TH AVE 210 SW 29TH AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For DELRAY BEACH FL DELRAY BEACH 65-0669538 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 334454423 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARVEL DANIEL MARVEL DANIEL 210 SW 29TH AVE Street Address (P.O. Box Number is Not Acceptable) 210 SW 29TH AVE DELRAY BCH FL33445 US City Zip Code DELRAY BEACH 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. 07/17/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS TITLE ☐ Delete TITLE X Change ☐ Addition CR2E034 (11/00) DANIEL MAME MARVEL. \mathbf{L} NAME MARVEL DANIEL STREET ADDRESS 210 SW 29TH AVE STREET ADDRESS 210 SW 29TH AVE CITY-ST-ZIP DELRAY BCH FL 33445 CITY-ST-ZIP DELRAY BCH 334454423 ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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 Delete TITLE ☐ Addition 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: __Daniel L. Marvel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/17/2001

Daytime Phone #

Date