FILED 2003 FOR PROFIT CORPORATION Apr 16, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P96000048987 DOCUMENT # 1. Entity Name 04-16-2003 90152 029 ***158.75 FUN IN FINE ARTS, INC. Principal Place of Business Mailing Address 2205 TIPPERARY CT 2205 TIPPERARY CT ORLANDO FL 32812 ORLANDO FL 32812 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3394985 Not Applicable \$8:75 Additional Zip ~ -Country---Country -- ---5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAMPION, CONSTANCE TAYL Street Address (P.O. Box Number is Not Acceptable) 2205 TIPPERARY CT ORLANDO FL 32812 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PCEO** ☐ Addition ☐ Delete TITLE Change TITLE CHAMPION, ROY D NAME NAME 2205 TIPPERARY CT STREET ADDRESS STREET ADDRESS ORLANDO FL 32812 CITY-ST-ZIP CITY-ST-ZIP 1VP Change ☐ Addition TITLE ☐ Delete TITLE NAME ernyey, emil G NAME 2205 TIPPERARY CT STREET ADDRESS STREET ADDRESS CITY_ST-ZIP_ ORLANDO FL 32812. CITY-ST-ZIP TITLE ST ☐ Delete TITLE Change ☐ Addition CHAMPION, CONSTANCE T NAME STREET ADDRESS 2205 TIPPERARY CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32812 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

□ Delete

Delete

Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition