2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000050869

MARR, TERRI R

RR1 BOX 221 A

SIMPSON, IL 62985

Name: Address:

City-St-Zip:

Entity Name: FEATHER FRIENDZY, INC.

May 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 22825 CR 561 ASTATULA, FL 34705 US **Current Mailing Address: New Mailing Address:** PO BOX 145 ASTATULA, FL 34705 US FEI Number: 65-0644639 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITE, DONALD M WHITE, SANDRA R 22825 CR 561 22825 CR 561 ASTATULA, FL 34705 ASTATULA, FL 34705 US US 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. SIGNATURE: SANDRA R WHITE 05/01/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WHITE, SANDRA R Name: Name: 22825 CR 561 Address: Address: City-St-Zip: ASTATULA, FL 34705 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WHITE, RICK R Name: 2100 BEACON HILL DR Address: Address: LANSING, MI 48906 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition WHITE, DONALD M Name: Name: 22825 CR 561 Address: Address: City-St-Zip: ASTATULA, FL 34705 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SANDRA R WHITE P 05/01/2002