2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

815 BRADDOCK ROAD

AUBURNDALE FL 33823

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

CITY-ST-ZIP

P96000072530

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

815 BRADDOCK ROAD

AUBURNDALE FL 33823

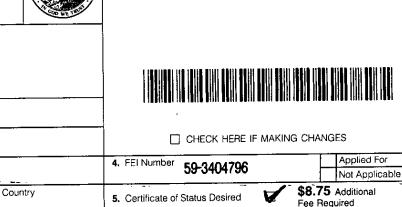
1. Entity Name

MAMA Z'S SNACKS, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90134 013 ***158.75



7. Name and Address of New Registered Agent

Name ZAMPINI, WILLIAM A JR. Street Address (P.O. Box Number is Not Acceptable) 815 BRADDOCK ROAD **AUBURNDALE FL 33823** City

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, typed or printed name of registered agent and title if applicable.

Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

Zip Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change TITI F ☐ Delete TITLE ZAMPINI, WILLIAM A JR NAME NAME STREET ADDRESS 815 BRADDOCK ROAD STREET ADDRESS **AUBURNDALE FL 33823** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE ZAMPINI, MARGARET NAME STREET ADDRESS 815 BRADDOCK ROAD STREET ADDRESS CITY-ST-ZÎP AUBURNDALE FL 33823 CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

Daytime Phone #