2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 1970000 22371 Apr 25, 2000 8:00 am 1. Entity Name WRITE ABOUT NOW, INC. **Secretary of State** 04-25-2000 90006 036 \*\*\*150.00 Principal Place of Bysin & spuce J. Harrismailing Address 1766 EARLE TRACE BLVD W CORM SPRINGS, FL. 33071 2. Principal Place of Business C/O BRUCE J. HAPRIS . Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1766 EABLE TRACE BLUD W Applied For City & State Springs FL Country 65-07 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, BRUCE J. 1766 EAGLE TRACE BLVD W Name Street Address (P.O. Box Number is Not Acceptable) No CHANGE CORAL Springs, FL. 33071 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. SIGNATURE DATE (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 After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition Change ☐ Delete TITLE HUARIS, BRUCE J.
1766 EARLE TLAKE BLUD W
CODAL SPRINGS, FL. 33071 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Deléte TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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.

President 4/14/00