2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

May 23, 2000 8:00 am Secretary of State DOCUMENT # P97000039179 1. Entity Name PATRIOT NOVELTIES, INC. 05-23-2000 90213 043 ***158.75 Principal Place of Business Mailing Address 10927 INGLEWOOD AVE. 10927 INGLEWOOD AVE. PORT RICHEY FL 34668 PORT RICHEY FL 34668-2512 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3448627 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARBONE, ANGELO J Street Address (P.O. Box Number is Not Acceptable) 10927 INGLEWOOD AVE. 1 44 444 PORT RICHEY FL 34668 Zip Code City But a fire of the FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00' 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 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition Delete TITLE CARBONE, ANGELO J NAME NAME STREET ADDRESS 10927 INGLEWOOD AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P PORT RICHEY FL 34668 VD ☐ Addition Change Delete TITLE TITLE PERRELLI, ANTHONY M NAME NAME 626 LITTLE WEKIVA ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP **VPOS** Change Delete TITLE ☐ Addition TITLE COLE, IRIS L NAME STREET ADDRESS 10927 INGLEWOOD AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 SENIOR VICE PRESIDENT SENTOR VILLE PRESIPENI ☐ Change ddition TITLE ☐ Delete TITLE BETTY RUSSO BETTY L NAME NAME 4339 GRAND WOOD LA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NEW PORT RICHEYA 34653 TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME 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.

FILED