2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 14, 2001 8:00 am Secretary of State DOCUMENT # P97000059078 1. Entity Name RICH DESIGN STUDIOS. INC. 03-14-2001 90505 033 ***150.00 Principal Place of Business Mailing Address 2167B NE 56TH COURT 2167B NE 56TH COURT FT. LAUDERDALE FL 33308 ~ FT. LAUDERDALE FL 33308 ு சு சு **மு** ⊥ைசு 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0768190 Not Applicable Zip 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 Name RICH, CANDACE J Street Address (P.O. Box Number is Not Acceptable) 2167B NE 56TH COURT FT. LAUDERDALE FL 33308 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE-NOW!!!-FEE-IS-\$150.00---This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DP TITLE ☐ Delete TITLE Change ☐ Addition NAME RICH, CANDACE J NAME STREET ADDRESS 2167B NE 56TH COURT STREET ADDRESS CITY-ST-7IP CITY-ST-7IP FT. LAUDERDALE FL 33308 ☐ Delete Change ☐ Addition TITLE TITLE NAME WHITE, ANGIE F NAME STREET ADDRESS STREET ADDRESS 2167B NE 56TH COURT CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ~ □ Delete-____ Change ☐ Addition TITLE -TITLE -NAME 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.

FILED