2003 FOR PROFIT CORPORATION

NAME

TITLE

NAME STREET ADDRESS

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FILED Jul 09, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) Secrétary of State DOCUMENT # P97000065454 1. Entity Name 07-09-2003 90042 050 ***550.00 FIRST PLAYMATES, INC. Principal Place of Business Mailing Address 3325 SANDY DRIVE 3325 SANDY DRIVE ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541 2. Principal Place of Business 3. Mailing Address 5027 Mission 50a8 Missian Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3464070 Zephurhil Not Applicable Country 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 AVERY, KIMBERLY Street Address (P.O. Box Number is Not Acceptable) 3325 SANDY DRIVE ZEPHYRHILLS FL 33541 Zip Code 3354_ . 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. 🛚 am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS PD SUZANNE A SWAILES **X** Delete **Addition** TITLE TITLE ☐ Change AVERY, KEMBERLY NAME NAME 3235 Sandy Dr. Zephyrhills, FL33541 3325 SANDY DR STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33541 CITY-ST-ZIP CITY-ST-ZIP SD Delete Change Addition TITLE TITLE JAMES A. SWAILES AVERY, NICHOLAS NAME NAME 3325 SANDY DR STREET ADDRESS STREET ADDRESS 3235 Sandy Dr. CITY-ST-ZIP ZEPHYRHILLS FL 33541 CITY-ST-ZIP TITLE Delete TITLE Change Addition

CITY-ST-ZIP 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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F.D. Suzanne A. Swarles

Change

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