## →2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000067487 May 24, 2000 8:00 am Secretary of State MBMG MATTRESS CORP. 05-24-2000 90041 034 \*\*\*150.00 Principal Place of Business Mailing Address 2900 COUNTRY CLUB LANE SOUTHWEST 2900 COUNTRY CLUB LANE SOUTHWEST HALLANDALE FL 33009 HALLANDALE FL 33009-5104 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0779259 Not Applicable \$8.75 Additional 5 Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 Zip Code 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 11. 12. TITI F ☐ Delete TITLE Change ☐ Addition LANG. PHIL NAME STREET ADDRESS 14665 MIDWAY RD STE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **ADDISON TX 75244** - Addition Delete ☐ Change TITLE TITLE ANDERSON, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 14665 MIDWAY RD STE 100 CiTY-ST-7IP CITY-ST-ZIP ADDISON TX 75244 ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Addition ☐ Delete TITLE Change 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.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

112.392-2202

Daytime Phone #