2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # P97000075617 1. Entity Name LBD3. INC. 03-22-2000 90091 001 ***150.00 Mailing Address Principal Place of Business 5725 FERNLEY DR., E. #74 5725 FERNLEY DR., E. #74 W. PALM BEACH FL 33415 W. PALM BEACH FL 33415-8341 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0781551 Not Applicable Zip Country Country Zió \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DONAHUE, LARRY II Street Address (P.O. Box Number is Not Acceptable) 5725 FERNLEY DR., E. #74 W. PALM BEACH FL 33415 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition Delete TITLE TITLE NAME DONAHUE, MARIE NAME STREET ADDRESS STREET ADDRESS 5725 FERNLEY DR E. #74 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Delete TITLE Change Addition TITLE DONAHUE, LARRY 1 NAME NAME STREET ADDRESS STREET ADDRESS 5725 FERNLEY DR E #74 CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL 33415 Change ☐ Addition ☐ Delete TITLE DONAHUE, JODI NAME NAME STREET ADDRESS STREET ADDRESS 5725 FERNLEY DR E #74 CITY-ST-ZIP CITY-ST-ZIF W PALM BEACH FL 33415 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change Delete TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

Daytime Phone #