2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P97000087495 1. Entity Name CENTER STAGE ANTIQUES, INC. 05-14-2001 90091 024 ***150.00 Mailing Address Principal Place of Business 14065 N BAYSHORE DR 14065 N BAYSHORE DR MADEHRA BEACH FL 33708 Madeira Beach Fl 33708 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 59-3485916 Not Applicable MUNOI \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ENRIGHT, JACQUELINE Street Address (P.O. Box Number is Not Acceptable) 14065 N BAYSHORE DR MADERIA BEACH FL 33708 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. SÍGNATURE FILE NOW!!! FEE IS \$150.00 eligible to satisfy its intangible 9. This corporation is 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change Addition ☐ Addition TITLE ☐ Delete NAMÉ CADZOW, WILLIAM iduan Key Irau NAME STREET ADDRESS STREET ADDRESS 14065 N BAYSHORE-DR CITY-ST-ZIP MADERIA BEACH FL 33708 CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE Jacqueline Enright. Cadzow ENRIGHT, JACQUELINE NAME NAME 9895 Indian Key have STREET ADDRESS STREET ADDRESS 14065 N BAYSHOBE-DR CITY-ST-ZIP 41 33776 CITY-ST-7IP MADERIA BEACH FL 33708 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: