2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P97000098289 1. Entity Name AMAZING DAYS SCHOOL & STUDIO, INC. 03-20-2000 90123 041 ***150.00 Mailing Address Principal Place of Business 37221 CLINTON AVENUE 37221 CLINTON AVENUE DADE CITY FL 33525 _ DADE CITY FL-33525-5910 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City¹& State City & State 59-3494032 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCCLAIN, JOE A Street Address (P.O. Box Number is Not Acceptable) 37908 CHURCH AVENUE DADE CITY FL 33525 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition ☐ De'ete TITLE Change TITLE MILTON, BETTY E 35833 LAKESHORE DRIVE STREET ADDRESS CITY-ST-ZIP DADE CITY FL 33525

NAME STREET ADDRESS CITY-ST-ZIP DTS Change Addition ☐ Delete TITLE TITLE MILTON, LEON E NAME NAME 35833 LAKESHORE DRIVE STREET ADDRESS STREET ADDRESS DADE CITY FL 33525 CITY-ST-ZIF CITY-ST-7P ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP □ Change Addition ☐ Delete TITLE 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-ZIP Change Addition Delete TITLE TITLE 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 TYPES OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTO

3-15-00

(352) 567-2088

Daytime Phone #