2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am Secretary of State DOCUMENT # P97000099405 1. Entity Name BISON TATTOO DESIGNS, INC. 05-19-2002 90189 020 ***150.00 Principal Place of Business Mailing Address 28940 MAINE RD 28940 MAINE RD 965182 LEISURE CITY FL 33033 LEISURE CITY FL 33033 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State ℃ 4. FE! Number Applied For 65-0817862 Country Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name BENSON, ROBERT W 28940 MAINE RD Street Address (P.O. Box Number is Not Acceptable) LEISURE CITY FL 33033 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing (See criteria on back) \$5.00 May Be Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME BENSON, ROBERT W Change CR2E034 (9/01) ☐ Addition NAME STREET ADDRESS 28940 MAINE RD STREET ADDRESS CITY-ST-ZIP LEISURE CITY FL 33033 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME BENSON, DEBORAH A ☐ Change Addition NAME STREET ADDRESS 28940 MAINE RD -STREET ADDRESS CITY-ST-ZIP LEISURE CITY FL 33033 CITY-ST-ZIP TITLE Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE . NAME ☐ Change ☐ Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS

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 supplier ental 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

SIGNATURE