2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800006238

PRINCESS DESIGNS INC.

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

Principal Place of Business	
CROSSBOW DRIVE	
100100 EL 92026	

Mailing Address

3683 CROSSBOW DRIVE COCOA FL 32926-4468

3. Mailing Address

City & State

Suite, Apt. #, etc.

59-3492768 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent: KENT, SANDRA DIANE Street Address (P.O. Box Number is Not Acceptable) 3683 CROSSBOW DRIVE COCOA FL 32926 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition Delete TITLE TITLE KENT, SANDRA DIANE NAME 3683 CROSSBOW DRIVE STREET ADDRESS STREET ADDRESS **COCOA FL 32926** CITY-ST-ZIP CITY-ST-7IP Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Apr 11, 2000 8:00 am Secretary of State

04-11-2000 90233 050 ***150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For