2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Feb 04, 2004 8:00 am Secretary of State DOCUMENT # P98000031515 02-04-2004 90064 018 ***150.00 HARVEY YOUNG DESIGNS, INC. Mailing Address Principal Place of Business 1500 E BROWARD BLVD SUITE 100 1500 E BROWARD BLVD SUITE 100 24007383 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 CR2E034 (11/03) MOORE 4. FEI Number Applied For 65-0828877 Not Applicable \$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 RUDOLF & HOFFMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 615 NORTHEAST THIRD AVENUE FORT LAUDERDALE FL 33304 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. I am familiar with, and accept the obligations of registered agent. Jan 30,2004 SIGNATURE ((NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITI F TITLE YOUNG, HARVEY NAME NAME 1500 E BROWARD BLVD SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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-ZIP CITY-ST-ZIP

12. Thereby 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 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of of the receiv changed, or on an attachm ent with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

SIGNATURE

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

Change

■ Addition