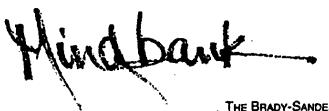
DOCUMENT # P98000047490  1. Entity Name  BRADY-SANDERSON DESIGN CO., INC.					APPROVEL. AND FILEC		
Principal Place of Business Mailing Address					00 JUN -7 PM 3: 13		
3542 FLAMINGO DR. MIAMI BEACH FL 33140		3542 FLAMINGO DR. MIAMI BEACH FL 33140-3923			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NO	WRITE IN THIS SPACE		
City & State		·City & State		4. FEI Number 65-084	\''.\'\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Applied For Vot Applicable	
Zip	Country	Zip	Country	<u> </u>	5. Certificate of Status Des	ired   \$8.75 A Fee Requi	dditional
6. Name and Address of Current Registered Agent SANDERSON, DAVID 3542 FLAMINGO DR. MIAMI BEACH FL 33140			5	Street Address (	7. Name and Address of New Registered Agent  LEE BRADY  ddress (P.O. Box Number is Not Acceptable)  3542 FLAHINGO DR.  LEE BRADY  Ddress (P.O. Box Number is Not Acceptable)  3542 FLAHINGO DR.		
SIGNATURE 9. This corpor	amed entity submits this statement continues, typed or funded same of registered age ation is eligible to satisfy its Intangib quirement and elects to do so. a on back)	on an (tile if applicable. (NO)  Pile FILE NOW  After MAY 1, 2	TE: Registered Ag	gent signature required \$150.00 II be \$550.00	when reinstating)  10. Election Campa  Trust Fund Cont	6 1 00 DATE	.00 May Be ed to Fees
11.	OFFICERS AN	D DIRECTORS	12.	<del></del>	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRADY, LEE 3542 FLAMINGO DR.		TITLE NAME STREET A	address - Zip	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERSON, DAVID 3542 FLAMINGO DR. MIAMI BEACH FL 33140	☐ Delete	TITLE NAME STREET A CITY-ST	Address - Zip		***150.00 □光格樹	F1'atl Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Délete Délete	TÎTLE NAME STREET A CHY-ST	ADDRESS - ZIP	The second se	Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied w	☐ Delete	CITY-ST		Du. Al	☐ Change	

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:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

F.



THE BRADY-SANDERSON IMAGINATION CO.

June 2, 2000

Mr.Sean Toner Division of Corporations PO Box 6327 Tallahassee, Fl. 32314

## Dear Mr. Toner:

I am writing to ask you to forgive the usual late fee for filing my application after May 1st. The past couple of months have been exceedingly difficult for my business; there are only two employees in my corporation and all aspects of the business are tended to by David Sanderson or myself. Mr. Sanderson has in the past been the agent for the corporation, fulfilling those duties including the filing of the Uniform Business Report. However, a recent declaration of "Disability" by the Federal Courts, based on his Parkinson's Disease, has necessitated my assuming the position of agent for the corporation as well as my regular duties. Consequently, our company has been in somewhat of a turmoil.

I am asking for your understanding in this matter for this time only. I am enclosing my check for \$150 in the hope that you will do so.

Thank you.

Sincerely,

Lee J. Brady

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