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| Singer Audress (P.O. Box Number is No. Acceptable) Singer Audress (P.O. Box Number is Num | 32175 YOLUSIA | | VOLUSIA | Fee Required | |
| 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 9. This corporation is eligible to satisfy its intangible Task fitting requirement and elects to do so. After MAY 1, 2009 Fee will be \$550,00° This fitting requirement and elects to do so. After MAY 1, 2009 Fee will be \$550,00° Trust fitting requirement and elects to do so. After MAY 1, 2009 Fee will be \$550,00° Trust Fund Contribution. SIGNATURE 9. This corporation is eligible to satisfy its intangible Task fitting requirement and elects to do so. After MAY 1, 2009 Fee will be \$550,00° Trust Fund Contribution. STEET ADDRESS OTH 5-13P TITLE NAME SITEST ADDRESS OTH 5-13P TITL | 6. Name and Address of Current | | Name | | |
| B. 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 Symmetric typed for pried where of registered agent and the if application. 10.01E Registered Agent Registered agent, or both, in the State of Florida. 10.01E Registered Agent Registered agent, or both, in the State of Florida. 10.01E Registered Agent Registered agent, or both, in the State of Florida. 10.01E Registered Agent Registered agent, or both, in the State of Florida. 10.01E Registered Agent Registered Agent Registered agent, or both, in the State of Florida. 10.01E Registered Agent Registered Registered Agent Registered | Arteneu Moone | SEE ATTAL | He H | | |
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| Tax filing requirement and elects to do so. (Sec criteria on back) After MAX 1, 2000. Fee with be \$550.00 (Sec criteria on back) After MAX 1, 2000. Fee with be \$550.00 (Sec criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1 ITILE MAME STREET ADDRESS CITY-S1-2IP TITLE MAME STREET ADDRESS CITY-S1-2IP CITY-S1-2IP TITLE MAME STREET ADDRESS CITY-S1-2IP CITY-S1-2IP TITLE MAME STREET ADDRESS CITY-S1-2IP CITY-S1-2IP CITY-S1-2IP TITLE MAME STREET ADDRESS CITY-S1-2IP CITY-S1-2IP CITY-S1-2IP TITLE | SIGNATURE Signature, typed or printed name of registered agent | t and title if applicable. (NOT | E: Regislered Agent signature req | uired when reinstating) DATE | |
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2000 UNIFORM BUSINESS REPORT (UBR) ADDENDUM

SAME DAY PAPER INC.

ITEM 6 NAME AND ADDRESS OF CURRENT REGISTERED AGENT

CROTTY, MICHAEL D. RA NAME

RA ADDR BLACK, CROTTY, SIMS, ET AL

501 NORTH GRANDVIEW AVE THIRD FLOOR

DAYTONA BEACH FL 32118 USA

ITEM 11 OFFICERS AND DIRECTORS

TITLE PD NAME MOORE, MITCHELL

PO BOX 1131

ORMOND BEACH, FL 32175

TITLE D NAME PHELPS, BARRY

1236 8TH STREET

HOLLY HILL, FL 32117

TITLE D NAME BARTIN, WILLIAM

> 360 NORTH RIDGEWOOD AVE DAYTONA BEACH FL 32114

ITEM 12 CHANGES IN ADDRESS - PLEASE NOTE THE PROPER SPELLING OF MY NAME AND THE CORRECT NUMBER OF MY POST OFFICE BOX! Man 2, 2000

MITCHELL MOORE POST OFFICE BOX 1131 **ORMOND BEACH FL 32175**