2001 UNIFORM BUSINESS REPORT (UBK)

Sep 17, 2001 8:00 am Secretary of State DOCUMENT# P98000077982 1. Entity Name JOYFUL JOYFUL CORPORATION 09-17-2001 90151 039 ***550.00 Principal Place of Business Mailing Address 3708 W. Bay to Bay Blvd. Tampa, FL 33629 2. Principal Place of Business 3. Mailing Address Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3532159 Not Applicable Zip Zip Country Country \$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 Barbara W. Williams Barbara W. Williams Street Address (P.O. Box Number is Not Acceptable) 2401 S. Dale Mabry Hwy. Tampa, FL 33629 3708 W. Bay to Bay Blvd. (new address) City Tampa 8. The author named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Sphalure, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstaling) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Barbara W. Williams D 2401 S. Dale Mabry Hwy. (Address change Only) CR2E034 (11/00) DPS Change NAME NAME 3708 W. Bay to Bay Blvd. STREET ADDRESS Tampa, FL 33629 STREET ADDRESS Tampa, FL 33629 CITY-ST-ZIP CITY-ST-ZIP TITLE - Change - - - Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete ☐ Change ☐ Addition MALIF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P

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

SIGNATURE:

813-837-9300