2001 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2001 8:00 am Secretary of State DOCUMENT # P98000080390 1. Entity Name DR. HOOK'S LURES, INC. 05-11-2001 90315 001 ***150.00 Principal Place of Business Mailing Address 1735 LANDS END ROAD 1735 LANDS END ROAD MANALAPAN FL 33462 1 & U 1 U MANALAPAN FL 33462 Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0864245 Not Applicable \$8.75 Additional 5. Certificate of Status Desired CLŚA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jugreas apatheodoro PAPATHEODOROU, CHRISTOS Street Address (P.O. Box Number is Not Acceptable) 1735 LANDS END RD MANALAPAN FL 33462 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 (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, 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. CR2E034 (10/00) VTD TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME HALL, MARK STREET ADDRESS STREET ADDRESS 1735 LANDS END RD CITY-ST-ZIP CITY-ST-ZIP MANALAPAN FL 33462 VTD TITLE □ Delete TITLE Change ☐ Addition PAPATHEODOROU, ANDREAS C NAME NAME STREET ADDRESS STREET ADDRESS 1735 LANDS END RD CITY-ST-ZIP CITY-ST-7IP MANALAPAN FL 33462 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP-CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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12961 561-540-544

Daytime Phone #