2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083166 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name HTSN, INC. 04-21-2000 90048 045 ***150.00 Principal Place of Business Mailing Address 1211 JACARANDA BLVD. 1211 JACARANDA BLVD. VENICE FL 34292 VENICE FL 34292-4520 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0864811 Not Applicable Zip Country Zip 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 Name NAVARRO, ARMANDO Street Address (P.O. Box Number is Not Acceptable) 1211 JACARANDA BLVD. VENICE FL 34292 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. DP Addition TITLE TITLE ☐ Delete HOLGUIN, RAUL NAME NAME 1211 JACARANDA BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP DVP Change ☐ Addition ☐ Delete TITLE TITLE NAVARRO, ARMANDO NAME NAME STREET ADDRESS 1211 JACARANDA BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENCIE FL 34292 ☐ Change ☐ Addition TITLE ☐ Delete TITLE SAMALE, G. RICHARD NAME NAME 1211 JACARANDA BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 Change ☐ Addition TITLE ☐ Delete TITLE TRPKOVSKI, TONY NAME NAME 1211 JACARANDA BLVD. STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP VENICE FL 34292 ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SOUNTING AND PERSON DEPORTS OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.