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FILED
May 29, 2002 8:00 am
Secretary of State

02-28-2002 90076 041 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087861

1. Entity Name
BROWNEE'S PRETZELS, INC.

Principal Place of Business	Mailing Address
GULF VIEW SQUARE MALL 9409 US HIGHWAY 19 PORT RICHEY FL 34668	C/O DANIEL BROWN ~~7227 G LAKE MAGNOLIA DR~~ 111 Harvard Dr ~~NEW PORT RICHEY FL 34653~~ Trappe PA 19426

8742Z

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	111 Harvard Dr Suite, Apt. #, etc.
City & State	City & State: Trappe PA
Zip / Country	Zip: 19426 / Country: Montgomery

4. FEI Number: 65-0869544 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, DANIEL W ~~7227 G LAKE MAGNOLIA DR~~ 111 Harvard Dr ~~NEW PORT RICHEY FL 34653~~ Trappe PA 19426	Name: Marissa Wasp Street Address (P.O. Box Number is Not Acceptable): 7210 Broadmoor Dr. Apt 4 City: New Port Richey FL Zip Code: 34653

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: Marissa Wasp — DATE: 5-14-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS $150.00 After May 1, 2002 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD BROWN, DAN 111 Harvard Dr ~~2727 NORTH FLETCHER AVENUE, #40-B~~ ~~TAMPA FL 33618~~ Trappe PA 19426	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

CR2E034 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/15/02 — Daytime Phone #: 215-605-9090