2001 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2001 8:00 am DOCUMENT # P98000101936 **Secretary of State** REVELRY GROUP, INC. 03-19-2001 90016 019 ***150.00 Principal Place of Business Mailing Address 9581 SUNRISE LAKES BOULEVARD 9581 SUNRISE LAKES BOULEVARD BUILDING 119 - COMPLEX J - UNIT 107 BUILDING 119 - COMPLEX J---UNIT 107 SUNRISE FL 33322 SUNRISE FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0901795 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -RATHBURN, PATRICIA A-- 217 N.E. 2ND STREET FORT LAUDERDALE FL 33301 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 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 **\$5.00** May Be 10. Election Campaign Financing Tax-filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Eees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-11. 12. Delete TITLE TITLE GLYNN, LINDA NAME NAME 9581 SUNRISE LAKES BLVD. BD 119, J-107 STREET ADDRESS STREET ADDRESS CITY-ST-7IP SUNRISE FL 33322 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MANUKIAN, RITA NAME NAME STREET ADDRESS 9581 SUNRISE LAKES BLVD. BD 119, J-107 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE SUNRISE FL 33322 TITLE _ TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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 empressed to execute this report as required by Chapter 607, Florida Statutes; and that the information indicated on this report of the corporation or the receiver or trustee empressed to execute this report as required by Chapter 607, Florida Statutes; and that the information indicated on this report of 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 of the receiver of the corporation of the corporati with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

Change

☐ Addition