2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P99000002985 1. Entity Name PAD PRINTING TECHNOLOGY CORP. 04-16-2001 90046 010 ***150 00 Mailing Address Principal Place of Business 3003 62ND AVE., EAST 3003 62ND AVE., EAST BRADENTON FL 34203 **BRADENTON FL 34203** 3. Mailing Address 2. Principal Place of Business 2803 62ND ANEE 2803 62ND ANE E Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 65-0888905 BRADEHTOH BRADENTON, Not Applicable Country NAMA165 \$8.75 Additional Zip Country 5. Certificate of Status Desired MANATEU 34203 Fee Required 34203 7. Name and Address of New Registered Agent ---- 6. Name and Address of Current Registered Agent LEVITT. SANDY Street Address (P.O. Box Number is Not Acceptable) 2201 RINGLING BLVD., S-203 SARASOTA FL 34237 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 This corporation is eligible; to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Detete TITLE SCHULER, ROBERT D NAME NAME 2803 62NO AVE E STREET ADDRESS 102 TIDEWATER DR. STREET ADDRESS BRADENTON, FL 34203 CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34210 ★ Change ☐ Addition ☐ Delete TITLE TITLE SCHULER, EILEEN NAME NAME 2803 62 NO AJE E. STREET ADDRESS 102 TIDEWATER DR. STREET ADDRESS BRADENTON, FL 34203 CITY-ST-ZIP CITY-ST-7IP BRADENTON FL 34210 ☐ Delete TITLE TITLE. 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 ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Date Dayline Phone #

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.