Apr 17, 2002 8:00 am Secretary of State

0468102

954-486-3043

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

04-17-2002 90122 006 ***150 00 DOCUMENT # P99000011708 DESIGN PEN COMPANY, inc. 831245 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 44 29 44 3. Mailing Address 2070 NW 29th Street Stree Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For FORT LAUDERDAUE - FL 0907040 FORT LAUDERDAUE -Not Applicable -5. Contificate of Status Desired - - - - - - - - - - - - Fee Required \$8.75 Additional 7. Name and Address of Current Registered Agent JE VERNEJOUL FLORENCE DO NOT WRITE Acceptable) IN THIS SPACE CHYPORT LAUDERDAUE ^{Zip} 233306 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. lorence de January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61,25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. / Via President CR2E034B (12/01 TITLE TITLE Pierre LEPINE NAME NAME STREET ADDRESS 609 Second Key Drive STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP FL 33304 TITLE TITLE VERNESOUC NAME NAME de VERNESO STREET ADDRESS STREET ADDRESS 2807 NE CITY-ST-ZIP CITY-ST-7IP FORT LAUDER DALE Hill S-NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 on an attachment with an address, with all other life