2000 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2000 8:00 am Secretary of State DOCUMENT # P99000032804 1. Entity Name THE AWESOME GROUP, INC. 05-22-2000 90062 034 ***150.00 Principal Place of Business Mailing Address 1314 BELGRADE AVENUE 1314 BELGRADE AVENUE 2ND FLOOR 2ND FLOOR ORLANDO FL 32803-2627 ORLANDO FL 32803 Principal Place of DO NOT WRITE IN THIS SPACE Applied For Number 569 162 Not Applicable Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida: 8. The above named enti 17 E 7E SIGNATURÉ DATE quired when reinstating) This corporation is eliminated to satisfy its Int Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 ble to satisfy its Intangil 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CEO PRESIDENT! PD TITLE TITLE ☐ Delete WING-BAILLY MICHELLE BAILEY, ALBERT L III NAME NAME STREET ADDRESS STREET ADDRESS 1314 BELGRADE AVENUE BELGICADE ORLANDO FL 32803 CITY-ST-ZIP CITY-ST-71P ORLANDO FL 32803 ICE-PRESIDENT/SEC. TREAS Change ☐ Addition ☐ Delete TITI F BAILEY, Albert L. -1314 BECGRADE AVE WING-BAILEY, MICHELLE L NAME NAME STREET ADDRESS 1314 BELGRADE AVENUE STREET ADDRESS CITY-ST-7IP ORLANDO, FL 37803 CITY-ST-ZIP ORLANDO FL 32803 Addition ☐ Change ☐ Delete TITLE CRIEB CHRISTOPHER M. NAME NAME STREET ADDRESS STREET ADDRESS 703 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete 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 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Chaptel 607, Florida Statutes; and that my tame appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O