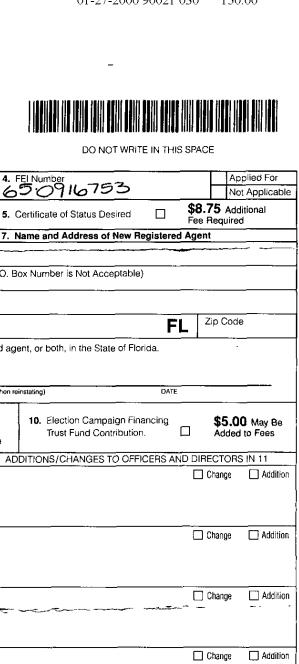
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000034215 1. Entity Name LAFEMME ADVERTISING, INC. Principal Place of Business Mailing Address 13501 SW 128TH ST 13501 SW 128TH ST SUITE 104 **SUITE 104** MIAMI FL 33186 MIAMI FL 33186-5862 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65:0916753 City & State City & State Zip Zip Country Country 6. Name and Address of Current Registered Agent Name EDMONDS, JULIE Street Address (P.O. Box Number is Not Acceptable) 13501 SW 128TH ST SUITE 104 **MIAMI FL 33186** 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)

FILED Jan 27, 2000 8:00 am Secretary of State

01-27-2000 90021 030 ***150.00



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.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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12.

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

TITLE NAME

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

9. This corporation is eligible to satisfy its Intangible

EDMONDS, JULIE

MIAMI FL 33186

13501 SW 128TH ST SUITE 104

OFFICERS AND DIRECTORS

Tax filing requirement and elects to do so.

(See criteria on back)

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00

Daytime Phone #

☐ Change

Change

☐ Addition

☐ Addition

CR2E034 (9/99