2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: By:

Mar 16, 2001 8:00 am Secretary of State DOCUMENT # P99000050162 1. Entity Name WDW BOOK COMPANY OF ELLENTON, FL, INC. 03-16-2001 90025 046 ***150.00 Mailing Address Principal Place of Business 11130 KINGSTON PIKE, STE, 1-184 5415 FACTORY SHARPE BLVD KNOXVILLE TN 37922 ELLENTON FL 34222 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0923085 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 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 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition ☐ Delete TITLE PD TITLE NAME NAME WINEGARDNER, DEAN STREET ADDRESS STREET ADDRESS 3000 RIVER HAVEN POINT CITY-ST-ZIP CITY-ST-ZIP **KNOXVILLE TN 37922** Change ☐ Addition Delete TITLE TITLE vstd VSTD NAME NAME SWIDERSKI, JILL Shipman, Jill STREET ADDRESS STREET ADDRESS 142 WEST END 165 West End Ave. CITY-ST-7IP CITY-ST-ZIP **KNOXVILLE TN 37922** Knoxville, TN ☐ Addition Channe-TITLE - -- Delete TITLE NAME NAME SWIDERSKI, JILL STREET ADDRESS STREET ADDRESS 165 WEST END AVENUE CITY-ST-ZIP CITY-ST-ZIP KNOXVILLE TN 37922 ☐ Addition Change ☐ Delete TITLE TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Delete Change ☐ Addition TITLE TITLE NAME 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 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.

Dean Winegardner, President

PRINTED NAME OF SIGNING OFFICER OR DIREC

FILED