2002 UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am Secretary of State DOCUMENT # P99000050162 1. Entity Name WDW BOOK COMPANY OF ELLENTON, FL, INC. 05-15-2002 90176 041 ***158.75 Principal Place of Business Mailing Address 5415 FACTORY SHARPE BLVD 11130 KINGSTON PIKE, STE, 1-184 **ELLENTON FL 34222** KNOXVILLE TN 37922 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0923085 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name _C_T_CORPORATION.SYSTEM_ Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME WINEGARDNER, DEAN NAME STREET ADDRESS 3000 RIVER HAVEN POINT STREET ADDRESS CITY-ST-ZIP KNOXVILLE TN 37922 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME SWIDERSKI, JILL NAME STREET ADDRESS STREET ADDRESS 165 WEST END AVENUE CITY-ST-7IP KNOXVILLE TN 37922 CITY-ST-ZIP TITLE VSTD ☐ Delete TITLE Change 1 ☐ Addition migmany-Sill - -NAME -SHIPMAN, JILL NAME STREET ADDRESS 165 WEST END AVENUE STREET ADDRESS 165 West End Avenue CITY-ST-ZIP WINTER PARK FL 32-7922 CITY-ST-ZIP Knoxville, TN 37922 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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 of 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

with all other like empowered

Prepared by Jamic Piss

CR2E034 (9/01)

FILED