FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # P99000062775 1. Entity Name 04-16-2002 90154 032 ***150.00 INNOVATIVE ART WORLD, INC. Principal Place of Business Mailing Address U U U U U - -1820 CHRISTOPHER PT. RD. 1820 CHRISTOPHER PT. RD. JACKSONVILLE FL 32217 JACKSONVILLE FL 32217 2. Principal Place of Business 3. Mailing Address 9433 Whittington D. POBOX Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Jacksoni City & State 4. FEI Number Applied For Jacksonville 59-3594220 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired JSA 32241 JSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Hlexzznd BREMER, ALEXANDRA Box Number is Not Acceptable) 1820 CHRISTOPHER PT. RD. JACKSONVILLE FL 32217 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 Bremer Alexzer yped or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. 12. Change CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Addition Bremer, Alexzandra Addit 9433 Whittington Dr. Jacksonville, FL32257 NAME NAME BREMER, ALEXZANDRA STREET ADDRESS STREET ADDRESS 1820 CHRISTOPHER PT RD S CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32217 Trujillo, Cuauhtemoc 9433 Whittington Dr. TITLE Delete TITLE NAME NAME TRUJILLO, CUAUHTEMAC STREET ADDRESS STREET ADDRESS 1820 CHRISTOPHER PT RD S CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32217 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition 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 ALEXZANDRA BREMER SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR