2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # P99000071810 Apr 21, 2000 8:00 am Secretary of State THE ARTIST IN YOU, INC. 04-21-2000 90095 016 ***150.00 Principal Place of Business Mailing Address 20120 N.W. 9TH DRIVE 20120 N.W. 9TH DRIVE PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029-3422 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable mbrok embrok Country Country \$8.75 Additional 5. Certificate of Status Desired LUS Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HIGBEE, ROBERTA C Street Address (P.O. Box Number is Not Acceptable) 20120 N.W. 9TH DRIVE PEMBROKE PINES FL 33029 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 DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. President/Secretary ☐ Addition President/Secretary □ Delete TITLE TITLE Roberta C. Higher Roberta C. Highee NAME NAME 20120 nw 94 Dr Leli nw 994 Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pembrole Pines FL 33029 Vice-President/Treasurer ☐ Addition Change Change Vice President Treasurer TITLE Victor L. Higher 20120 NW 9# Dr. Victor L. Higher Len nw agn Are NAME NAME 20120 NW 9# D Pembroke Fines STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33024 CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete 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 ☐ Change ☐ Addition Delete 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