2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 22, 2002 8:00 am Secretary of State P99000072348 DOCUMENT # 1. Entity Name MABBETTE STREET BUSINESS CENTRE, INC. 04-22-2002 90253 045 ***150.00 Principal Place of Business Mailing Address 1710 PEACH ST 1710 PEACH ST KISSIMMEE FL 34746 KISSIMMEE FL 34746 US 2. Principal Place of Business 3. Mailing Address 4430 S. Orange Blossom 4430 S. Orange Blossom Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3591141 Not Applicable Zip Country 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_ O'SHAUGHNESSY, ROSEMARIE Street Address (P.O. Box Number is Not Acceptable) 4430 S. Orange Blossom Trail 1710 PEACH ST KISSIMMEE FL 34746 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition CR2E034 (9/01 RAO, MARIA W NAME NAME 1710 PEACH ST STREET ADDRESS STREET ADDRESS 4430 S. Orange Blossom Trail KISSIMMEE FL 34746 CITY-ST-ZIP: CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition O'SHAUGHNESSY, ROSEMARIE NAME NAME 4430 S. Orange Blossom Trail 1710 PEACH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34746 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ 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-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 signaffer 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 attackment with an address, with all other like entrywered.

CITY-ST-ZIP

SIGNATURE: