FILED 2001 UNIFORM BUSINESS REPORT (UBR) Sep 13, 2001 8:00 am Secretary of State **DOCUMENT #** P99000078711 1. Entity Name LANG WOODCRAFT, INC. 09-13-2001 90046 027 ***550.00 Principal Place of Business Mailing Address **4711 MADISON STREET** 4711 MADISON STREET 99770024 HOLLYWOOOD FL 33021 HOLLYWOOOD FL 33021 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 65-0942970 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANG, WENDY Street Address (P.O. Box Number is Not Acceptable) **4711 MADISON STREET** HOLLYWOOOD FL 33021 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) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (5/01) TITLE Delete TITLE ☐ Change ☐ Addition LANG, WENDY NAME NAME STREET ADDRESS **4711 MADISON STREET** STREET ADDRESS **CR2E034** HOLLYWOOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME LANG, DAVID B NAME STREET ADDRESS **4711 MADISON STREET** STREET ADDRESS CITY-ST-ZIP HOLLYWOOOD FL 33021 CITY-ST-ZIP TITLE ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAMF: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP 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

TITLE

NAME

Delete

CITY-ST-ZIP

STREET ADDRESS

TITLE

☐ Change

☐ Addition