2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # P99000078950 WDW BOOK COMPANY OF MARCO ISLAND, FLORIDA, INC. 05-24-2000 90152 043 ***158.75 Principal Place of Business Mailing Address 105 LAND OAK LANE -11130 KINGSTON PIKE KNOXVILLE-TN_37922 STE 1-184 KNOXVILLE TN 37922-2800 2. Principal Place of Business 3. Mailing Address 7222 Isle of Coori Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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 Zin Code City 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) 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, 2000 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 11. OFFICERS AND DIRECTORS TITLE TITI F Change ☐ Addition ☐ Delete WINEGARDNER, DEAN NAME NAME STREET ADDRESS STREET ADDRESS 3000 RIVER HAVEN POINT CITY-ST-ZIP CITY-ST-7IP KNOXVILLE TN 37922 VSTD ☐ Addition ☐ Delete TITLE Swiderski, Jill SWIDERSKI, JILL NAME NAME 165 Wat GN Avenue Knawille, TO 37922 STREET ADDRESS 142 WEST END STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KNOXVILLE TN 37922** ☐ Delete TITLE Change ☐ Addition TITLE 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 ☐ Delete TITLE ☐ Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Toro Island, Florida, Inc.

SIGNING OFFICER OR DIRECTOR