FOR PROFIT CORPORATION

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)										
DOCUMENT # 7990000 88 441						FILED				
1. Entity Name Novelty Mouse; Ir					VZ APR 19 Ass					
DO NOT WRITE IN THIS SPACE						ANA	SSEE, FLO	ATE RIDA		
2. Principal Place of Business Wasaa 10740 NW 55 3. Mailing Address SAW			nE .	ર્હ		DO N	OT WEITE IN TI	HIS SDACE	·	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE A FFI Number Applied For					
	City & State City & State			.,	4. FE	I Number	,		Not Applicable	
Zip	Country Zip				5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
-			Na	arne 🔨	7. Nam	e and Address of	. ``	ered Agen	t	
والمعالم المساورة والمساورة والمساورة	DO NOT WI	RITE	St	reet-Address (F	PO-Box	·Number-is-Not-Ac	ceptable)			
IN THIS SPACE				1079	40 NW 5 ST.					
			Ci	ity Prom	to.	WW 11			p Code	
8. The above	named entity submits this statement for	the purpose of changing its r	registered of	ffice or registere	ed agen	nt, or both, in the Sta	ate of Florida.			
•							(HD)	NO S		
SIGNATURE .	Signature, typed or printed name of registered agent ar			nt signature required	when reins	stating)	DA	Œ	`	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - Ma After May 1 Amended Make Check Payable			1, Fee is \$5 UBR is \$6	550.00 51.25	10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees					
11.	OFFICERS AND I	DIRECTORS /LMT	TITLE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10740 NO 5 St Platation, fr 3	3324	NAME STREET AD CITY-ST-Z	L.		0000 -0 **	0549 5/08/02- ***150.00		02 024 *150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET AD CITY-ST-7				·	•		
TITLE . NAME STREET ADDRESS CITY_ST=ZIP	-		TITLE NAME STREET ADCITY_ST_2			DO N	OT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET AD CITY-ST-2	1		IN TH	IS SPA	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET AD CITY-ST-2							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET AD CITY-ST-2	Į.						
13. I hereby	Lecrify that the information supplied with lon this report or supplemental report is rporation or the eceiver or trustee emp ant with an address with all plifty like em	this filing does not qualify for true and accurate and that movered to execute this reporpowered.	the exempti ny signature t as required	ion stated in Se shall have the d by Chapter 6	ection 1 same le 07, Flori	19.07(3)(i), Florida S gal effect as if mad da Statutes; and th	Statutes. I furthe e under oath; th at my name app	r certify that I am an pears in Bl	at the information officer or director ock 11 or on an	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _