2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P99000093425 1. Entity Name FREE CELL, INC. 04-30-2001 90012 002 ***150.00 Principal Place of Business Mailing Address 4320 THOMAS WOOD LANE EAST 4320 THOMAS WOOD LANE EAST WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 646449 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 59-3644354 59-3604364 Not Applicable Zip Country Zip 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zip Code 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 \$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, 2001 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 12. President Kimberry BJackson **PSTD** CR2E034 (10/00) TITLE ☐ Delete JACKSON, KIMBERLY B NAME 4320 thomas wood lie. STREET ADDRESS 4320 THOMAS WOOD LANE EAST STREET ADDRESS Winter Hoven & 3398U CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 Secretary Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME B. Jackon Kimbuly STREET ADDRESS 4320 TROMAS WORD USE STREET ADDRESS Vinter Haven R 33881 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition Veasurer Jacuson NAME NAME 4320 Thomas wooding STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INTER HAVEN FL 3389U ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition: 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRI

1000000 ITED NAME OF SIGNING OFFICER OR DIRECTOR 2-10-01

Free Circ. Attachment 4320 transo Wood on E. Stamp# 646449 Whiter Haven R 33880 Doc. # Agrossog3425-

Please note our correct FEI number is 59-3404354. Please noisty my Dam wrong. - 863-206-6696

Thene's-

Kimbery B. Jacobn President