2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2002 8:00 am Secretary of State **DOCUMENT #** P99000094863 1. Entity Name WILLOUGHBY ENTERPRISES, INC. 05-01-2002 91491 045 ***150.00 Principal Place of Business Mailing Address 2501 S. OCEAN DRIVE-#710 2501 S. OCEAN DRIVE-#710 HOLLYWOOD FL 33019-2610 HOLLYWOOD FL 33019-2610 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 65-0963407 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 WILLOUGHBY, DONALD Street Address (P.O. Box Number is Not Acceptable) 2501 S. OCEAN DRIVE-#710 HOLLYWOOD FL 33019-2610 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 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 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PST** Delete TITLE ☐ Addition NAME WILLOUGHBY, DONALD NAME STREET ADDRESS 2501 S. OCEAN DRIVE-#710 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019-2610 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LOURDES, ALCANIZ NAME STREET ADDRESS 2501 S OCEAN DRIVE #710 STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL 33019 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IE ☐ 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 TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS

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.

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APRIL 17/02