FILED

2001 UNIFORM BUSINESS REPORT (UBR)	May 23, 2001 8:00 am
OCUMENT# SO 6701	Secretary of State

1. Entity Name 05-23-2001 91168 016 ***158.75 THE CONE MAN, INC Principal Place of Business Mailing Address 771235 2. Principal Place of Business Mailing Address 00 3646 23 Box 3138 Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 102 City & State City & State 4. FEI Number Applied For 25-015 7DU Cl PHATHA-Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33461 PALM BEH 33465 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HART, RAYMOND R. Street Address (P.O. Box Number is Not Acceptable) 3646 23 Ave So. SUITE 109 City Zip Code FL LAKE WOMH, CI 33461 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 DATE After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 9. This corporation is eligible to satisfy its Intangible 19. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 Change Addition TITLE President. Delete NAME NAME HAKT, RAYMOND R. And So STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY - ST - ZIP 35461 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS ABOVA CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete AT ABOVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 mix 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O: DIRECTOR