2001 UNIFORM BUSINESS REPORT (UBR) Apr 09, 2001 8:00 am Secretary of State **DOCUMENT # \$25186** 1. Entity Name JUDITH JOHNSTON DESIGN STUDIOS, INC. 04-09-2001 90033 022 ***158.75 Principal Place of Business Mailing Address 2401 PGA BLVD 2401 PGA BLVD 148 RUE DE LA MER 148 RUE DE LA MER PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address 11692 US Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0245033 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OHNSTON. 4774VL JOHNSTON, JUDITH A. Street Address (P.O. Box Number is Not Acceptable) 2401 PGA BLVD. 148 RUE DE LA MER PALM BEACH GARDENS FL 33410 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 (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 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE JOHNSTON, JUDITH A NAME NAME HETZ US HWY I 2401 PGA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BCH GARDENS FL TITLE ☐ Delete TITLE JOHNSTON, GEORGE E NAME NAME 11672 US HWY 2401 PGA BLVD STREET ADDRESS STREET ADDRESS PALM BCH GARDENS FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change _- ☐ Addition, JITLE: - -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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