FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

SIGNATURE:

Apr 16, 2003 8:00 am Secretary of State V11528 DOCUMENT # 04-16-2003 90252 019 ***150.00 1. Entity Name HOPKINS INTERNATIONAL PUBLISHING, INC. Principal Place of Business Mailing Address 10141 W. SUNRISE BLVD. 10141 W. SUNRISE BLVD. SUITE 104 SUITE 104 FORT LAUDERDALE FL 33322 FORT LAUDERDALE FL 33322 2. Principal Place of Business 3. Mailing Address 931 DEU ON LANE DEUON LANE Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0398907 FLORIDA FLORIDA DAUIE DAULE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 1JSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LNIJ HOPKINS LINDA HOPKINS, LINDA C. Street Address (P.O. Box Number is Not Acceptable) 10141 W. SUNRISE BLVD. STE. 104 FORT LAUDERDALE FL 33322 City DAVIE 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. I am familiar with, and accept the obligations of registered agent. LINDA C. HOPKINS PRESIDENT **SIGNATURE** 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) PD TITLE ☐ Delete TITLE Change ☐ Addition HOPKINS, UNDA C NAME HOPKINS, LINDA C. NAME 5931 DEUON LANE STREET ADDRESS 10141 W. SUNRISE BLVD #104 STREET ADDRESS CITY-ST-2IP FORT LAUDERDALE FL 33322 CITY-ST-ZIP DAUIE, FL 3333 ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all our

EDLINDA (HOPKINS

PRESIDENT