2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # V18078 1. Entity Name THE CRESSET PRESS, INC. 05-02-2001 90064 021 ***150.00 Mailing Address Principal Place of Business 3976 LINEWOOD ST P.O. BOX 2578 SARASOTA FL 32130 SARASOTA FL 34232 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number NOT APPLICABLE City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHOFIELD, JOHN M. Street Address (P.O. Box Number is Not Acceptable) 3976 LINWOOD ST SARASOTA FL 34232 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME SCHOFIELD, JOHN M NAME STREET ADDRESS 3976 LINEWOOD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 ☐ Addition ☐ Change TITLE TITLE □ Delete NAME NAME HERALD, BILL JR STREET ADDRESS 2155 WOOD STREET-APT: B-12 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34237 CITY-ST-ZIP Change ☐ Addition SD ☐ Delete TITLE TITLE SCHOLFIELD, ELIZABETH NAME NAME STREET ADDRESS STREET ADDRESS 3976 LINEWOOD ST CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34232 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME 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-ZIP ☐ Change Addition Delete TITLE TITLE NAME 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: