2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # V44184 Apr 12, 2000 8:00 am Secretary of State EBW NO. 23, INC. 04-12-2000 90051 041 ***150.00 Principal Place of Business Mailing Address 5615 WINDHOVER DR 5615 WINDHOVER DR ORLANDO FL 32819 ORLANDO FL 32819-7936 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 41-1729215 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 Name ORLANDO, DOMINICK Street Address (P.O. Box Number is Not Acceptable) 5615 WINDHOVER DR ORLANDO FL 32819 Zip Code FL 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 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, 2000 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 12. 11. D/P/T/S DPT Change ☐ Addition ☐ Delete TITL F TITLE SIEGEL, STACEY Slegel, STACEY NAME 5615 WINDHOVER DrIVE 5615 WINDHOVER DR STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP Orlando, FL 37819 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 SUSTING OFFICE FOR DIRECTOR

STACEY SLEGEL 3-31-00 407351408

Daytime Phone #