| 544 ROUTE 11 HAUPPAUGE, | | | | |
|---|---|----------------------------|---|-----------------------------------|
| Current Ma | iling Address: | | | |
| 544 ROUTE HAUPPAUG | 111 GE, NY 11788 | | | |
| FEI Number: 11-2127933 Certificat | | | Certificate of Status De | sired: Yes |
| Name and A | Address of Current Registered Agent: | | | |
| | | | | |
| MILLER, LINDA 552 E. WOOLE BOYNTON BE | | | | |
| 552 E. WOOLE BOYNTON BE | RIGHT RD | registered office or regis | tered agent, or both, in the State of I | Florida. |
| 552 E. WOOLE BOYNTON BE The above name | BRIGHT RD ACH, FL 33435 US | registered office or regis | tered agent, or both, in the State of I | ^{Elorida.} 01/12/2015 |
| 552 E. WOOLE BOYNTON BE The above name | RIGHT RD ACH, FL 33435 US d entity submits this statement for the purpose of changing its r | registered office or regis | tered agent, or both, in the State of i | |
| 552 E. WOOLE BOYNTON BE The above name SIGNATUR | RIGHT RD ACH, FL 33435 US d entity submits this statement for the purpose of changing its r E: LINDA MILLER | registered office or regis | tered agent, or both, in the State of I | 01/12/2015 |
| 552 E. WOOLE BOYNTON BE The above name SIGNATUR | BRIGHT RD ACH, FL 33435 US d entity submits this statement for the purpose of changing its r E: LINDA MILLER Electronic Signature of Registered Agent | registered office or regis | tered agent, or both, in the State of i | 01/12/2015 |
| 552 E. WOOLE BOYNTON BE The above name SIGNATUR Officer/Dire | BRIGHT RD ACH, FL 33435 US d entity submits this statement for the purpose of changing its r E: LINDA MILLER Electronic Signature of Registered Agent Percor Detail : | | | 01/12/2015 |
| 552 E. WOOLE BOYNTON BE The above name SIGNATUR Officer/Dire Title | BRIGHT RD ACH, FL 33435 US d entity submits this statement for the purpose of changing its r E: LINDA MILLER Electronic Signature of Registered Agent CP | Title | VCVP | 01/12/2015 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SALVATORE D. PAPPACODA

OFFICER

01/12/2015

Electronic Signature of Signing Officer/Director Detail

CC3566158882

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001389

Entity Name: BABYLON BEAUTY SCHOOL OF SMITHTOWN, INC.

Current Principal Place of Business:

Date

Date