FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am Secretary of State P01000094844 **DOCUMENT #** 1. Entity Name KEVIN E. MULLICAN DESIGNER, INC. 05-19-2002 90226 005 ***150.00 Principal Place of Business Mailing Address 11738 WHITE HORSE RD. 11738 WHITE HORSE RD. JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 2. Principal Place of Business 3. Mailing Address BIRCH 7210 WHITE 7210 WHITE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State ⊆ity & State Applied For 4. FEI Number 47311 JACKSONVIUE Not Applicable Country UゴA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MULLICAN, KEVIN E Street Address (P.O. Box Number is Not Acceptable) 11738 WHITE HORSE RD. JACKSONVILLE FL 32246 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 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 Bé After May 1, 2002 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 11. OFFICERS AND DIRECTORS 12. Delete TITLE TITLE MULLICAN, KEVIN E NAME NAME 7210 WHITE BIRCH DRIVE 11738 WHITE HORSE RD. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32246 JACKSONVILLE, FL CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE O'BRIEN, HOLLY E NAME NAME 1260 SUNAPEE AVE. N. STREET ADDRESS STREET ADDRESS ATLANTIC BEACH FL 32233 -CITY-ST-ZIP-CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. 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:

te Day

Daytime Phone #