, 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State DOGUMENT # P98000103421 1. Entity Name MARK O'MEARA, INC. 03-20-2000 90111 033 \*\*\*150.00 Principal Place of Business Mailing Address IMG CENTER, STE, 100, 1360 E, 9TH ST. IMG CENTER, STE. 100, 1360 E. 9TH ST. CLEVELAND OH 44114-1782 CLEVELAND OH 44114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3550835 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 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 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 After MÂY 1, 2000 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Change ☐ Addition TITLE TITLE ☐ De ete O'MEARA, MARK NAME MAKE STREET ADDRESS STREET ADORESS 6312 DEACON CIRCLE CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 ■ Addition STD ☐ Change ☐ Delete TITLE TITLE O'MEARA, ALICIA **6312 DEACON CIRCLE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE CARFAGNA, PETER NAME STREET ADDRESS IMG CENTER, STE. 100, 1360 E. 9TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEVELAND OH 44114-1782 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Inhereby 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 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 in 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 atta

SIGNATURE: