2003 FOR PROFIT CORPORATION

	ORM BUSIN		RT (UBF	
DOCUM 1. Entity Name	. 000.	00103421		Mar 17, 2003 8:00 am Secretary of State
MARK O'ME	ARA, INC.	اسراه باین د مطبقید این بیانه هجم	7	03-17-2003 91106 028 ***150.00
Principal Place of Business IMG CENTER 1360 E. 9TH ST. STE 100 CLEVELAND OH 44114-1782		Mailing Address IMG CENTER 1360 E. 9TH ST. STE 100 CLEVELAND OH 44114-1782		
2. Principal Place of Business		3. Mailing Address		[1007:000.116 1010.1 10111 10211 20111 103161 11011 103161 11111 11316 11011 1031
Suite, Apt. #, etc		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-3550835 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	5. Name and Address of Curren	l Registered Agent		7. Name and Address of New Registered Agent
CT COPPORATION CVCTTM			Name	•
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD.			Street /	Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324				
			City	[71] Zin Code
	led entity submits this statement for registered agent.	or the purpose of changing	its registered office o	r registered agent, or both, in the State of Roseta. Lam tamillar-with, and честых
SIGNATURE	Cure 1 spind our privated name of registered agent	and twe diagolicable : 19	DTS. Had stered Aparts on a	urs reduced when reinstating) DATE
	NOW!!! FEE IS \$150.00	,,,	•	The state of the s
After May 1, 2003` Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
III. PD	OFFICERS AND		11.	N 11
MARKET ADDRESS 631	MEARA, MARK 2 DEACON CIRCLE IDERMERE FL 34786	∟ Delete	THTLE HAME STREET ADDRESS CHY-ST-ZIP	Type on attached Parling
STREET ADDRESS 631) Meara, Alicia 2 Deacon Circle Idermere Fl 34786	☐ Delate	THE HAME STREET ADDRESS CITY-ST-7(P	original. DAddito
STREET ADDRESS IMG	RFAGNA, PETER CENTER, STE. 100, 1360 E.	☐ Delete 9TH ST.	TITLE NAME STREET ADDRESS	☐ Andition St
	VELAND OH 44114-1782		CITY-ST-ZIP	
NAME :		☐ Delete	TITLE NAME	Addition I
STREET ADDRESS CITY-S1-ZIP		.	SIREET ADDRES CHY-SI-ZIP	·
TITLE		☐ Delete	TITLE	Addition
MAME STREET ADDRESS CITY+ST-7/P			NAME STREET ADDRESS CHY-ST-7(P	
1611		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADORESS CITY-ST-ZIP			NAME STREET ADDRESS CITY+SE-ZIP	
indicated on the of the corporati	is report or supplemental report is on or the roceiver or trustee empty an attachment with an address.	true and accurate and that by ered to execute this repored with all other like empowered	or the examption statemy signature shall he tas required by Charler D'Mear,	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information eve the same legal effect as if made under oath; that I am an officer or director pter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 2/6-522-/20 Date Date Date Date Traper

2003 FOR PROFIT CORPOR UNIFORM BUSINESS REPORT (UBR DOCUMENT # P98000103421 1. Entity Name MARK O'MEARA, INC. Principal Place of Business Mailing Address IMG CENTER IMG CENTER 1360 E. 9TH ST. STE 100 1360 E. 9TH ST. STE 100 **CLEVELAND OH 44114-1782 CLEVELAND OH 44114-1782** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3550835 Not Applicable Zip Country Country \$8.75 Additional 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 City 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. I am legitliar with, and accept the obligations of registered agent. 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. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE ☐ Defete TITLE Change Addition MME O'MEARA, MARK NAME STREET ADDRESS 6312 DEACON CIRCLE STREET ADDRESS CITY-ST-ZIP **WINDERMERE FL 34786** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME O'MEARA, ALICIA NAME STREET ADDRESS 6312 DEACON CIRCLE STREET ADDRESS CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CARFAGNA, PETER NAME STREET ADDRESS IMG CENTER, STE. 100, 1360 E. 9TH ST. STREET ADDRESS City-St-7IP **CLEVELAND OH 44114-1782** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Hurther 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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