

1.) CORPORATION NAME: AFAM ENTERPRISE, INC.	DUE DATE: 10/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LINNECKO ARTISE 822 BRIGHTON ST PORTSMOUTH, VA	SCC ID NO: 07426216
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PORTSMOUTH CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 822 BRIGHTON STREET

CITY/ST/ZIP: PORTSMOUTH, VA 23704

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: LINNECKO ARTISE TITLE: PRESIDENT ADDRESS: 619 EFFINGHAM STREET CITY/ST/ZIP/CO: PORTSMOUTH, VA 23704	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: RACHAEL ARTISE TITLE: DIRECTOR ADDRESS: 825 BRIGHTON STREET CITY/ST/ZIP/CO: PORTSMOUTH, VA 23704	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LINDA FOGGIE TITLE: DIRECTOR ADDRESS: 7800 CAVERSHAM ROAD CITY/ST/ZIP/CO: ELKINS PARK, PA 19027	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LINNECKO ARTISE	LINNECKO ARTISE, PRESIDENT	10/31/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.