FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State F96000004386 DOCUMENT # PUBLIC AFFAIRS TECHNOLOGIES, INC. 05-22-2002 90158 048 ***158.75 Principal Place of Business Mailing Address 12960 SW 133RD CT. 42900 SW 133RD CT. MIAM! FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address 12254 SW 131 Ave 12254 SW 131 Ave. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 52-1766275 Miomi Not Applicable Miami \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 33186 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHULLMAN, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD, SUITE 101 **BOCA RATON FL 33431** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition □ Delete TITLE TITLE SIEGAL. MATTHEW T NAME NAME 131 AVO. 12960 SW 133 COURT /2 254 5W STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change — ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby 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 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 addycas, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME O

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