2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2002 8:00 am Secretary of State **DOCUMENT # N21928** 1. Entity Name 05-08-2002 90051 044 ****61.25 SUN-SENTINEL CHARITIES, INC. Principal Place of Business Mailing Address 200 E LAS OLAS BLVD 200 E LAS OLAS BLVD FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 B0091956 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0003448 Not Applicable Zip Country Zip 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 Street Address (P.O. Box Number is Not Acceptable) HARGROVE, JOHN R. 500 E. BROWARD BLVD. SUITE 1000 Zip Code FT. LAUDERDALE FL 33394 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change Addition NAME BACALLAO, JOSIE NAME STREET ADDRESS 200 E LAS OLAS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL TITLE Delete TITLE ☐ Change X Addition NAME GREENBERGER, SHELDON NAME Howard Greenberg STREET ADDRESS 200 East Las Olas Blvd 200 E LAS OLAS BLVD STREET ADDRESS CITY-ST-ZIP -FT. LAUDERDALE FL. CITY-ST-ZIP Ft. Lauderdale, FL -TITLE ☐ Delete ☐ Change Addition NAME RIEDEL, MARY NAME STREET ADDRESS 200 E LAS OLAS BLVD STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition Bradley, andrea NAME STREET ADDRESS 200 EAST LAS OLAS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ft. Lauderdale fl TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SALVITTI, CLAIRE M. NAME STREET ADDRESS 200 E LAS OLAS BLVD STREET ADDRESS CITY-ST-ZIP ft lauderdale fl CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CARROLL, SYLVIA NAME STREET ADDRESS |200 E LAS OLAS BLVD STREET ADDRESS

12. I 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 617, 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,

CITY-ST-ZIP

ft lauderdale fl

CITY-ST-ZIP

Claire M. Salvittic Clause

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

(954)356-4253