2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Feb 19, 2002 8:00 am Secretary of State DOCUMENT # P01000045179 1. Entity Name 02-19-2002 90055 010 ***150.00 DMB SIGNATURE, INC Principal Place of Business Mailing Address 10700 NW 2ND STREET 10700 NW 2ND STREET FORT LAUDERDALE FL 33324 FORT LAUDERDALE FL 33324 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65 - 1101792 Applied For City & State City & State Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRISMEUR, NANCY Street Address (P.O. Box Number is Not Acceptable) 10700 NW 2ND STREET FORT LAUDERDALE 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME BRISMEUR, DANIEL M STREET ADDRESS 10700 NW 2ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33324 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME BRISMUER, NANCY STREET ADDRESS STREET ADDRESS 10700 NW 2ND STREET CITY-ST-ZIP CITY-ST-ZIP FORT-LAUDERDALE FL 33324 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME BRISMEUR, DANIEL STREET ADDRESS STREET ADDRESS 10700 NW 2ND STREET CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED