2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000041058 Aug 08, 2000 8:00 am Secretary of State 1. Entity Name OBA Make It Memorable! Q COMM CORP. 08-08-2000 90089 031 ***150.00 Mailing Address Principal Place of Business 16565 NE 26 AVE #4C 16565 NE 26 AVE #4C N MIAMI BEACH FL 33160 N MIAMI BEACH FL 33160 2. Principal Place of Business 3. Mailing Address 10295 Collins Ave. # 705-1 10295 collins Ave # 705-1 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Bal Harbour, PC 4. FEI Number Applied For 65-0752624 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAFF, DENISE H Street Address (P.O. Box Number is Not Acceptable) 16565 NE 28 AVE #40 N-MIAMI-BEACH-FL 99160 10295 Collins Avc. # 705-N Zip Code City Bal Harbour 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 12. 11. Addition TITLE ☐ Delete TITLE NAME RAFF. DENISE H NAME 10295 Collins AVE #705-N Bal Harbour, FL 33154 STREET ADDRESS STREET ADDRESS 16565 NE-26-AVE-#4C-CITY-ST-ZIP CITY-ST-7IP N-MIAMI-BEACH-FL-33160 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Chance 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 CJTY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

sillennet Raffired

☐ Delete

8/2/00

305-865-0690

Change

☐ Addition

Daytime Phone #

AHACHMENT #497000041058 AU071891



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August 2, 2000

To whom it may concern:

This is a written request for a waiver of the late fee that my corporation, Q Comm Corp. has been assessed. I have enclosed a correspondence pertaining to my request for your consideration.

Thank you for your time and help in this important matter.

Regards,

Denise Raff Q Comm, Corp. DBA Make It Memorable!

> 10295 Collins Avenue Suite 705-N Bal Harbour, FL 33154 Mobile Phone (954) 410-3177 Fax (305) 867-4530 info@makeitmemorable.com