2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-30-2002 91593 011 ***150.00

DOCUMENT # P98000048184

1. Entity Name
MENSA PRODUCTS, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 22609~~	~~P.O. BOX 22609~~
FT. LAUDERDALE FL 33335	FT. LAUDERDALE FL 33335

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3333 S.E. 14th AVENUE		3333 S.E. 14th AVENUE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FT. LAUDERDALE / FL.		City & State: FT. LAUDERDALE	
Zip: 33316	Country: USA	Zip: 33316	Country: U.S.A.

4. FEI Number 65-0838373 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~GOLDMINTZ, KIM H~~
~~3333 S.E. 14 AVENUE~~
~~FT. LAUDERDALE FL 33316~~

7. Name and Address of New Registered Agent

Name: TICKTIN, RICHARD DAVID
Street Address (P.O. Box Number is Not Acceptable): 3333 S.E. 14th AVENUE
City: FT. LAUDERDALE FL Zip Code 33316

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] 5/24/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	GOLDMINTZ, KIM HOPE		NAME	
STREET ADDRESS	~~P.O. BOX 22609~~		STREET ADDRESS	3333 S.E. 14th AVENUE
CITY-ST-ZIP	FT. LAUDERDALE FL ~~33335~~		CITY-ST-ZIP	FT. LAUDERDALE - FL - 33316
TITLE	CEO	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	TICKTIN, RICHARD DAVID		NAME	
STREET ADDRESS	~~P.O. BOX 22609~~		STREET ADDRESS	3333 SE. 14th AVENUE
CITY-ST-ZIP	FT. LAUDERDALE FL ~~33335~~		CITY-ST-ZIP	FT. LAUDER DALE - FL - 33316
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)