2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 14, 2000 8:00 am Secretary of State DOCUMENT # P99000057115 1. Entity Name ENTMANUAL.COM. INC. 04-14-2000 90110 011 ***150.00 Principal Place of Business Mailing Address 7755 S.W. 86TH STREET STE C-202 7755 S.W. 86TH STREET STE C-202 MIAMI FL 33143-7288 MIAMI FL 33143 ~~~~~ 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State . . . Not Applicable Country 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 KRAUSE, DAVID M Street Address (P.O. Box Number is Not Acceptable) 7755 S.W. 86TH STREET STE C-202 **MIAMI FL 33143** 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. DATE 1 1 351 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS D ☐ Change Addition Delete TITLE KRAUSE, GREGORY E NAME STREET ADDRESS 7755 S.W. 86TH STREET STE C-202 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY - ST - ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete DITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 address, with all other like empowered.

CITY ST-ZIP

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NAME TO STREET ADDRESS

PRESIDENT

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE PROPERTY OF THE PROPERTY O

□ Delete 2

4/11/00

Change

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☐ Addition