7/2 2000 UNIFORM BUSINESS REPORT (USR) FILED Aug 17, 2000 8:00 am Secretary of State DOCUMENT # P99000100561 1. Entity Name IMPULSE SALES, INC. 07-25-2000 90095 048 ***150.00 Principal Place of Business -Mailing Address 10819 W. ATLANTIC BLVD.. #127 CORAL SPRINGS FL-83021 10619 W. ATLANDC BLVD.: #127 CORAL SPRINGS FL 33071 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. EEI Number 65-09 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7:- Name and Addross of New Registered Agant Name and Address of Current Registered Agent KRIGEL, C. Street Address (P.O. Box Number is Not Acceptable) 10619 W. ATLANTIC BLVD., #127 CORAL SPRINGS FL 33071 Zip Code City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE 6 \$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. Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS Federal Huy CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chance TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Change TITLE-NAME NAME STREET ADDRESS STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE **W**E NAME STREET STREET ADDRESS CITY-5 CITY-ST-ZIP ☐ Addition . □ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Just 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 eport 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 SIGNATURE:

Cavtime Phone 6

Cela Lugh - 8-8-00