DOCUMENT # P9600041033  1. Entity Name  LITTLE GIANT CORPORATION					FILED Jan 13, 2001 8:00 am Secretary of State		
Principal Plac	ce of Business	Mailing Address			01-13-2001 90051	001 ***150.00	
2134 WASHINGTON ST HOLLYWOOD FL 33016		B15 S 21ST AVE HOLLYWOOD FL 33020 US					Ber M. S.
2. Principal F	Place of Business	3. Mailing Address  3/34 WASHING Suite, Apt. #, etc.	70N SI.		DO NOT WRITE IN THIS S		September State of St
Suite, Apt.	. <del>"</del>	duite, Apr. #, etc.			DO NOT WHITE IN THIS 3		STORE THE
City & Star	te	City & State Houry woord	FL		4. FEI Number 65-0677724	Applied For Not Applicable	e <b>1</b> .18
Zip	Country	Zip	Country USA			8.75 Additional ee Required	
	6. Name and Address of Current Re	egistered Agent	Name		7. Name and Address of New Registered A	gent	
1665	ANTE, VIRGILIO <del>35 NW 86 ST</del> 3801 5. M <del>ILAKES FL 33016</del> HOLLYWOE	OCEAN DR. 4 DD, FL. 33019	- 775	Address (P.	O. Box Number is Not Acceptable)	Zip Code	The state of the s
9. This corporate filling	e named entity submits this statement for the Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	FILE NOW!	Pogistered Agent signate  FEE IS \$150.0  Fee will be \$5	100 550.00	7 / 5 - 0 ( then reinstating) DATE  10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
·		Make Check Payabl	<u> </u>	il di State	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIGANTE, VIRGILIO 2011 S.W.40TH AVENUE FT. LAUDERDALE FL 33317	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			DIAECTORS IN TELESCOPE	=034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD PERROTTI, GIUSEPPE 2011 S.W.40TH AVENUE FT. LAUDERDALE FL 33317	IS∕ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1702		☐ Change ☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD. GIGANTE, MARIA P 2011 S.W.40TH AVENUE FT. LAUDERDALE FL 33317	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GIGA 3801 HOLL	NTE MARIA P 5. OCEAN DR 4.M YNDOR FL 33019	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
indicated of the cor	on this report or supplemental report is tri	ue and accurate and that m ered to execute⊮his report a	v signature shall h	ave the sa	tion 119.07(3)(i), Florida Statutes. I further certi Ime legal effect as if made under oath; that I ar Florida Statutes; and that my name appears in	n an officer or director	

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1.5.00 Date

954. 922. 994/ Daytime Phone #