FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State F98000000840 DOCUMENT # 1. Entity Name 05-13-2002 90035 046 ***150.00 BADESCH AND ASSOCIATES, LTD. INC. Principal Place of Business Mailing Address 328 CORDOVA RD 328 CORDOVA RD WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business Mailing Address. LAKE ALKIVE LLIY 1214 LAKE Ausnue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 36-3352933 WEST PALM Not Applicable Country US A Zip 3 3 Y. 1 \$8.75 Additional 5. Certificate of Status Desired Fee Required Section 27: Name and Address of New Registered Agent - *** -Name Phyllis IS DO EZ CH! BADESCH, PHYLLIS 328 CORDOVA RD WEST PALM BEACH FL 33401 City West la Lm 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 Phyllis Banesed Phylliganture, typed or printed name of registered agent and title if app 4/23/02 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (10/6) TITLE TITLE ☐ Delete BASESCH, See PHYllis U. BADESCH, PHYLLIS U NAME NAME 328 CORDOVA RD 1214 LAKE Are WEST PALM BCL. FL STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 33401 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE BADETCH, SIOTT BADESCH, SCOTT NAME NAME 1214 Lake Aux. 328 CORDOVA RD STREET ADDRESS STREET ADDRESS 33401 West Pain beah WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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: Phyllip W Bolobach (561) 723-2303