

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

**900000 -**

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01172007 Chg-P CR2E034 (12/06)

4. FEI Number 22-2512930	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINSTEIN, AUDREY  
6700 NW BROKEN SOUND PKWY  
#202  
BOCA RATON, FL 33487

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10.	OFFICERS AND DIRECTORS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input type="checkbox"/> Delete
NAME	WEINSTEIN, AUDREY M	
STREET ADDRESS	6700 NW BROKEN SOUND PKWY 202	
CITY-ST-ZIP	BOCA RATON, FL 33487	

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALCORN, ANDREW	
STREET ADDRESS	120 W FAYETTE ST 700	
CITY-ST-ZIP	BALTIMORE, MD 21201	

TITLE	VP	<input type="checkbox"/> Delete
NAME	CRAMMOND, STEPHANIE	
STREET ADDRESS	120 W. FAYETTE ST #700	
CITY-ST-ZIP	BALTIMORE, MD 21201	

TITLE	VP	<input type="checkbox"/> Delete
NAME	LEVIN, HOWARD	
STREET ADDRESS	120 W. FAYETTE ST #700	
CITY- ST- ZIP	BALTIMORE, MD 21201	

TITLE	VPT	<input type="checkbox"/> Delete
NAME	ARNDT, KENNETH	
STREET ADDRESS	120 W. FAYETTE STREET, SUITE 700	
CITY-ST-ZIP	BALTIMORE, MD 21201	

TITLE	ASAT	<input type="checkbox"/> Delete
NAME	KELLY, VICKIE	
STREET ADDRESS	120 W FAYETTE STE 700	
CITY - ST - ZIP	BALTIMORE, MD 21201	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lucas, Stephanie
STREET ADDRESS	
CITY - ST - ZIP	

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Audrey Weinstein, Audrey Weinstein, SVP+Secretary 4/9/07 877-730-2347