2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 03, 2001 8:00 am Secretary of State **DOCUMENT # 203756** MORT KAYE STUDIOS INC 02-03-2001 90070 006 ***150.00 Principal Place of Business Mailing Address 313 PERUVIAN AVE 313 PERUVIAN AVE PALM BCH FL 33480 PALM BCH FL 33480 GREGIOUS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0815409 Not Applicable Zip Country Zip 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 LEIBOVIT, LOUIS Street Address (P.O. Box Number is Not Acceptable) 350 ROYAL PALM WAY PALM BEACH FL City 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. 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 10. Election Campaign Financing \$5.00 May Be Added to Fees 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State ,11投票的转让强富级色。并《水学》OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/60) TITLE ☐ Delete ☐ Channe KAYE.MORT NAME 219 INDIAN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MAY, KAYE NAME NAME 333 SUNRISE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH FL CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME -- --NAME * STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #