FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2002 8:00 am Secretary of State 283180 DOCUMENT # 1. Entity Name 04-23-2002 90397 019 ***150.00 BEVERLY HILLS INC Mailing Address Principal Place of Business C/O JAMES M. HARTLEY C/O JAMES M. HARTLEY 4500 CHERIDAN ST. 450 N PARK RO 710 4600 SHERIDAN ST. SAME HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1085698 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. Name HAYSON, RUSSELL M. Street Address (P.O. Box Number is Not Acceptable) 3860 SHERIDAN ST HOLLYWOOD FL 33021 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 11. (9/01) ☐ Addition ☐ Delete TITLE TITLE 450 N PARK RO # 710 NAME HARTLEY, JAMES M NAME CR2E034 STREET ADDRESS 4600 SHERIDAN STREET STREET ADDRESS HOLLYWOOD FL CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE SAMPSON, DOROTHY NAME NAME STREET ADDRESS 515 N. 44TH AVENUE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP --- Change --- - Addition-Delete TITLE HAYSON, RUSSELL M. NAME NAME STREET ADDRESS 3860 SHERIDAN ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME

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 address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR