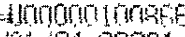
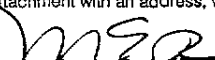


FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 377584 1. Entity Name KNOB HILL ENTERPRISES, INC.				Secretary of State	
Principal Place of Business 1740 N.W. AVENIDA DEL SOL BOCA RATON FL., 33432		Mailing Address 225 NE MIZNER BLVD STE 150 BOCA RATON, FL 33432			
DO NOT WRITE IN THIS SPACE				03152004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-1325734	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RAMOS, MARICELA A % BANK ONE 225 NE MIZNER BLVD STE 150 BOCA RATON, FL 33432				DO NOT WRITE IN THIS SPACE	
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				 04/01/04-90024-007 158.75 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D MILANI, DEAN JR. 19555 EDWARDS RD ANTIOCH, IL 60002			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D FAULKNER, STEVEN L P.O. BOX 710212 COLUMBUS, OH 432710212			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P RAMOS, MARICELA A 225 NE MIZNER BLVD STE 150 BOCA RATON, FL 33432			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				3-15-04 561-620-2304 Date Daytime Phone #	