FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Sep 11, 2002 8:00 am Secretary of State DOCUMENT # 665644 1. Entity Name 09-11-2002 90101 041 ***550 00 LINGOR INVESTMENTS, INC. Principal Place of Business Mailing Address 3201 W GRIFFIN RD 3201 W GRIFFIN RD SUITE 106 SUITE 106 HOLLYWOOD FL 33312 HOLLYWOOD FL 33312 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 59-1991510 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 DECKELBAUM, GORDON Street Address (P.O. Box Number is Not Acceptable) 3201 W GRIFFIN RD #106 HOLLYWOOD FL 33312 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change NAME DECKELBAUM, GORDON NAME STREET ADDRESS 3201 W GRIFFIN RD #106 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME DECKELBAUM, GORDON NAME STREET ADDRESS 3201 W GRIFFIN RD #106 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DECKELBAUM, YETTA STREET ADDRESS 3201 W GRIFFIN RD #106 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 ether like empowered.

SMATURE HECGORDON DECKELDAUM

SIGNATURE:

954-965-3636