2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 852062 Jul 28, 2000 8:00 am 1. Entity Name Secretary of State MACATTEE, INC. 07-28-2000 90152 037 ***550.00 Principal Place of Business Mailing Address 114 EAST 25TH STREET 114 EAST 25TH STREET BALTIMORE MD 21218 BALTIMORE MD 21218 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 52-0852722 Not Applicable Country \$8.75 Additional 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 CANTOR, JERALD C. Street Address (P.O. Box Number is Not Acceptable) **4000 SHERIDAN STREET** SUITE C HOLLYWOOD FL 33021 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE HETTLEMAN, STUART NAME NAME STREET ADDRESS 114 E. 25TH STREET STREET ADDRESS CITY-ST-ZIP **BALTIMORE MD** CITY-ST-ZIP VD Delete Change Addition TITLE TITLE TAWNEY, BOSLEY C. МАМЕ NAME 114 E. 25TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD** Change · [] Addition Delete TITLE TITLE TYLER, VICTORIA NAME NAME STREET ADDRESS STREET ADDRESS 114 E. 25TH STREET CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD** ☐ Change ☐ Addition ☐ Delete TITLE HETTLEMAN, STUART NAME NAME STREET ADDRESS 114 E. 25TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 trusted 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:

SIGNADIRE REQUIRED PA 65176~7

7/21/00 410-338-0800