FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jul 07, 2000 8:00 am Secretary of State **DOCUMENT # 853206** 1. Entity Name 07-07-2000 90403 028 ***550 00 BLIMPIE INTERNATIONAL, INC. Principal Place of Business Mailing Address 1775 THE EXCHANGE 1775 THE EXCHANGE #600 #600 DUNWOODY GA 30356 ATLANTA GA 30339 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 13-2908793 Not Applicable Country \$8.75 Additional Zip 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 UNITED CORPORATE SERVICES Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD. SUITE 508 **MIAMI FL 33156** Zip Code City FL 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. CKK AME Change Addition TITI F ☐ Delete CONZA, ANTHONY P. NAME STREET ADDRESS STREET ADDRESS 740 BROADWAY CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Delete TITLE Change ☐ Addition Vn: TITLE NAME SIEGEL, DAVID L. NAME STREET ADDRESS STREET ADDRESS 740 BROADWAY CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY** ☐ Addition ☐ Change VSD Delete TITLE TITLE LEANESS, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 740 BROADWAY CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change ☐ Addition TITLE ☐ Delete TITLE POMPEO, PATRICK NAME STREET ADDRESS STREET ADDRESS 740 BROADWAY CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** Change ☐ Addition Delete TITLE VT TITLE treasurer Brian Lane SITKOFF, ROBERT NAME STREET ADDRESS STREET ADDRESS 1775 THE EXCHANGE, SUITE 215 CITY-ST-ZIP CITY-ST-ZIP atlanta ga ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADQRESS 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 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 antidress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

(1/09/00 (770)984-5767