2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000181

1. Entity Name: DigitalCars.com, Inc.

FILED
01 SEP 20 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
39 S. Milwaukee Av. Wheeling, IL 60090	39 S. Milwaukee Av. Wheeling, IL 60090

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
39 S. Milwaukee Av.	39 S. Milwaukee Av.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wheeling, IL	City & State: Wheeling, IL 60090
Zip: 60090 Country: USA	Zip: 60090 Country: USA

4. FEI Number: 36-4332365 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Rd. Plantation, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE ____________________ 9-20-01
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 Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/Director Neal Halperin 3840 Sunset Lane ~~Northbrook, IL 60062~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100004618971 -10/01/01--01094--015 ****550.00 ****550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Director Eve H. Pinkert 2595 St. Johns ~~Highland Park, IL 60035~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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 other like empowered.

SIGNATURE: Neal Halperin CEO/Director 9-20-2001 847-215-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #