FILED Mar 14, 2001 8:00 am DOCUMENT # F0000001008 Secretary of State 1. Entity Name SREG (STP), INC. 03-14-2001 90520 022 ***158.75 Principal Place of Business Mailing Address 300 HOLLYWOOD WAY 300 HOLLYWOOD WAY HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 633279 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 Not Applicable 65-0858424 Zip Country Zip Country \$8.75 Additional KK 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STOTZER, THEODORE R Street Address (P.O. Box Number is Not Acceptable) 300 HOLLYWOOD WAY HOLLYWOOD FL 33021 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 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 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, 2001 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 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE NAME SWERDLOW, MICHAEL J NAME STREET ADDRESS STREET ADDRESS 300 HOLLYWOOD WAY CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL TITLE ☐ Delete TITLE Change ☐ Addition ZOHN, FRANK NAME NAME STREET ADDRESS STREET ADDRESS 300 HOLLYWOOD WAY CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Delete TITLE ☐ Addition TITLE NAME STOTZER, THEODORE R STREET ADDRESS STREET ADDRESS 300 HOLLYWOOD WAY CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. (954) 981-1000 February 28, 2001 SIGNATURE: The GOATURE AND TYPED STRONG THE OF SECUNDA OF ICE PRICE President Daytime Phone #