FILED an 27, 2002 8:00 am Secretary of State

01-27-2002 90045 015 ***150.00

DOCUMENT # F10920 1. Entity Name HERSHAL PYLE INVESTMENTS, INCORPORATED.	Ja
Principal Place of Business 4400 EL CONQUISTADOR PARKWAY SUITE 22 Mailing Address 4400 EL CONQUISTADOR PKWY #22 BRADENTON FL 34210	
BRADENTON FL 34210 US US	
2. Principal Place of Business 3. Mailing Address 24 14 26th St W 24 14 26th St W Suite, Apt. #, etc. Suite, Apt. #, etc.	
City & State Bradenton, FL City & State Bradenton, FL	4. FEI Number
Zip Country Zip Country	5. Certificate o
34205 Manatee 34205 Manat	

OFFICERS AND DIRECTORS

59-2097448			Applied For Not Applicable	
- Certificate of Status Desired		\$8.75 Additional Fee Required		
. Name and Address of New R	egistere	d Agent		

DO NOT WRITE IN THIS SPACE

is Not Acceptable) **BRADENTON FL 34210** Zip Code City 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 rei	nstating) 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, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election.Campaign.Einancing.	\$5.00 May B Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Addition ☐ Delete ☐ Change PYLE, HERSHAL O NAME NAME STREET ADDRESS 6101 34TH ST. W. STREET ADDRESS **BRADENTON FL 34210** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP-CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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