FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2002 8:00 am Secretary of State

| 1 ' | DOCUMENT # F69506 | | | | | , Secretary or State | |
|--|--|---|---|---|---|---|--|
| 7. Entity | 1. Entity Name | | | | | 05-17-2002 90044 023 ***150.00 | |
| MLH | SERVICES, INC. | | | | , | | |
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| | ו וטא טע | WKITE | IN THIS | SPAC | CE | | |
| 3 0-1 | | | | | | | |
| 691 | pal Piace of Business 6 NW 34th Aven | 3. Mailing Address | | | | | |
| | Apt. #, etc. | C/o E. Scott Golden, Esq. Suite, Apt. #, etc. | | | | | |
| | City & State 644 SE | | | 2 4th Avenue | | DO NOT WRITE IN THIS SPACE | |
| Ford | sme t Lauderdale, : | City & State | | | | | |
| Zip | Country | riorida | Fort Laudero | | | 59-2167954 | Applied For Not Applicable |
| 3330 | 09 USA | | Zip 33301 | Cour | | 5. Certificate of Status Desired | \$8.75 Additional |
| | | | | | T | 7. Name and Address of Current Register | Fee Required |
| rija pagana Tanjangan | - DO-N | AT 11. | n | | Name Golde | en E Soott Bar | ed Agent |
| | DO NOT WRITE | | | | Street Address (R.O. Box Number is Ald Assessable) | | |
| | IN TH | IIS SP | ACF | | 644 | O. Box Number is Not Acceptable) Outheast Fourth Avenue | غ |
| | | | | | | | |
| | | | | | City Fort | Lauderdate Fi | - Zin Carle |
| 8. The abo | ove named entity submits thi | is statement for t | the purpose of changing i | ts registere | d office or registers | and agent, or both, in the State of Florida. | _ 3330I |
| | | | • • | J | or registere | ed agent, or both, in the State of Florida. | |
| SIGNATUR | Signature, typed or printed name of | Of reputational arrant area | 11th Fanction | | | | |
| | *** | | | | Agent signature required v | when reinstating) DATE | |
| , lax mm | rporation is eligible to satisfy ig requirement and elects to | y its Intangible do so. | January 1 - After Ma | v 1. Pee la | \$550.00 | 10. Election Campaign Financing | |
| ृ (See cri | iteria on back) | 23 | Amend Make Check Paya | nd (IRP is | TR4 9K | | \$5.00 May Be Added to Fees |
| 11. | | FICERS AND DI | RECTORS | | parument of State | | 7,0000 10 7 863 |
| TITLE Name | PD | | | INTLE | | | |
| STREET ADDRESS | HODDER, MARK L. | | | NAME | | | |
| CITY-ST-ZIP | 6916 NW 34 Avenue, Ft. Lauderdale | | | CIN-S | TADORESS Taro | | |
| TITLE | D | | ······································ | nie | | | |
| vane Street address | GANS, NATHAN J. | | | NAME | | | |
| TTY-ST-ZIP | 55 6916 NW 34 Avenue Fort Lauderdate, FL 33309 | | | 986/466 | ADDRESS . | | |
| ITLE | IS | | | City s | Carrier of the Carrier Carrier | | |
| iane | BRASINGTON, DORTAN F. | | | TITLE- | | | |
| treet address Ity - St - 71p | - 1 | | | A 11 (A 12 A 14 | ADDRESS . | | |
| TLE T | Fort Lauderdale, FL 33309 | | | | -ZP | DO NOT WRI | TE |
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| TO CER | BOGDANOFF, KENNETH 6916 NW 34 Avenue | | | STREET A | Monaror | IN THIS SPAC | ,E |
| | 1 44 70 700 | ale, EL 3 | 33309 | CITY ST | | | |
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| TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS | Fort Lauderda | | | NAME | | | |
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| TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP LE ME ME THE TADDRESS Y-ST-ZIP I Increby coindicated. | Fort Lauderda entity that the information su on this report or supplement poration or the receiver or to the with an address, with all or | applied with this | filling does not qualify for a and accurate and that med to execute this report ered. | NAME STREET A CITY ST- TITLE MAME STREET AE CITY ST- the exemptor y signature as required | DORESS DP ion stated in Section shall have the same of by Chapter 607, F | 119.07(3)(i), Florida Statutes, I further certify elegal effect as if made under oath; that I am florida Statutes; and that my name appears it | that the information an officer or director in Block 11 or on an |