FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003511

1. Entity Name

BUSTER, INC. OF DELAWARE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 22 PM 4:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
230 S. BROAD ST.	
Suite, Apt. #, etc.: MEZZANINE	Suite, Apt. #, etc.
City & State: Philadelphia PA	City & State
Zip: 19102 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 23-2597735 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd

City: Plantation **FL** Zip Code: 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	VCP	TITLE	
NAME	LIPKIN, EDWARD	NAME	
STREET ADDRESS	230 S. BROAD ST. MEZZANINE	STREET ADDRESS	
CITY-ST-ZIP	Philadelphia PA 19102	CITY-ST-ZIP	200005080212--1
TITLE		TITLE	-03/11/02--01044--001
NAME		NAME	***3363.75 ****150.00
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ EDWARD LIPKIN 3/11/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #