2000 UNIFORM BUSINESS REPORT (UBR) FILED May 26, 2000 8:00 am Secretary of State DOCUMENT # F93000005439 478386 ONTARIO LIMITED CORPORATION 05-26-2000 90064 019 ***150.00 Mailing Address Principal Place of Business 2221 LEE ROAD 2221 LEE ROAD SUITE 24 SUITE 24 WINTER PARK FL 32789 WINTER PARK FL 32789-1864 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 98-0115595 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRATT, JAMESH R ESQ. Street Address (P.O. Box Number is Not Acceptable) GRAHAM, CLARK, JONES, BUILDER, PRATT & MARKS 369 N. NEW YORK AVENUE, 3RD FLOOR WINTER PARK FL 32789 Zip Code 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change DST Addition ☐ Delete TITLE SILVER, SHOEL NAME NAME STREET ADDRESS 2221 LEE ROAD, SUITE 24 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Addition ☐ Delete ☐ Change TITLE COOPER, BERNARD NAME STREET ADDRESS 2221 LEE ROAD, SUITE 24 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Change Addition ☐ Delete TITLE TITLE LUBIN, LAWRENCE NAME NAME 2221 LEE ROAD, SUITE 24 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)