2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 28, 2001 8:00 am Secretary of State DOCUMENT # F9600003148 JACOBSON ENTERPRISES, INC. 02-28-2001 90008 017 ***150.00 Principal Place of Business Mailing Address 600 BRICKELL AVENUE 600 BRICKELL AVENUE SUITE 701 SUITE 701 MIAMI FL 33131 **MIAMI FL 33131** 777 Occkell Principal Place of Business Mailing Address 777 www Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc ้อ Applied For City. & State City & State 4. FEI Number 65-0640078 M Lami Muami Not Applicable Country Country \$8.75 Additional Zip ÷ 5: Certificate of Status Desired ,SA USA Fee Required Z3131 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CVen JACOBSON, STEVEN W Street Address (P.O. Box Number is Not Acceptable) **600 BRICKELL AVENUE** SUITE 701 950 Brickell **MIAMI FL 33131** Zip Code 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 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 OFFICERS AND DIRECTORS 12. 11. PCD Change ☐ Addition TITLE ☐ Delete Jacobs on JACOBSON, STEVEN W NAME NAME Ave, suite 950 600 BRICKELL AVENUE, #701 7. Brickell STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP CITY-ST-ZIP STD TITLE Change ☐ Addition TITLE HODGES, NICK NAME NAME STREET ADDRESS 600 BRICKELL AVENUE, #701 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE MCCLAUGHERTY, JOE NAME NAME 600 BRICKELL AVENUE, #701 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33131** Change ☐ Addition TITLE TITLE RAWAT, DAWOOD NAME NAME 600 BRICKELL AVENUE, #701 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33131** ☐ Addition Change TITLE TITLE **ROVIN. ROBERT** NAME NAME Ave, suite 950 600 BRICKELL AVENUE, #701 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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 emprovered 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 attactment with an address, with all other like emprovered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR