FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 26, 2002 8:00 am Secretary of State F97000001500 DOCUMENT # 1. Entity Name 08-26-2002 90068 022 ***550 00 ASPEN MARKETING, INC. Principal Place of Business Mailing Address 17765 WILSHIRE BLVD 4709-E AIRPORT DR SUITE 1190 ONTARIO CA 97161 B0135229 LOS ANGELES CA 90025 2. Principal Place of Business Mailing Address NORTH AVE Wool 31 Wool N CRTH AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For WEST CHICAGO 95-3653850 NEST CHICAGO Not Applicable \$8.75 Additional 5. Certificate of Status Desired 60185 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE E034 (4/02) 🗶 Delete ☐ Change Addition CANNON, NEIL P NAME NAME 11755 WILSHIRE BLVD., SUITE 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90025 CITY-ST-ZIP TITLE **CFO** ☐ Delete TITLE ☐ Change ☐ Addition NAME HOOD, DOUGLAS NAME STREET ADDRESS 11755 WILSHIRE BLVD., SUITE 1100 STREET ADDRESS CITY-ST-7IP LOS ANGELES CA 90025 CITY-ST-ZIP **PCEO** TITLE Delete Change Addition NAME **BRESLIN. THOMAS** NAME STREET ADDRESS 11755 WILSHIRE BLVD., SUITE 1100 STREET ADDRESS CITY-ST-ZIE LOS ANGELES CA 90025 CITY-ST-7IP Pres/CEO TITLE ☐ Delete TITLE ☐ Change ☐ Addition PATRICK O PAHILLY 31 WOO; NORTH AVE NAME NAME STREET ADDRESS STREET ADDRESS 60135 CITY-ST-ZIP WEST CHIAGO, CITY-ST-ZIP TIT1 F RHAILMAN TITLE ☐ Change Addition MARC PREFFELLE 135 EAST STE ST - 27th Flow NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10022 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 changed, or on an attachment with the address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

8-15-02