2003 FOR PROFIT CORPORATION

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|--|--|---------------------------------|---|---|---|---|------------------------------|
| DOCU | JMENT # F9900 | 00000287 | | | Apr 07, 200 Secretary 04-07-2003 90146 | | |
| Principal Place of Business 4651 SHERIDAN ST. SUITE 200 4651 SHERIDAN ST. SUITE HOLLYWOOD FL 33021 Mailing Address 4651 SHERIDAN ST. SUITE HOLLYWOOD FL 33021 | | | E 200 | | | | |
| Principal Place of Business Address Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | |
| City & State | | City & State | | | 4. FEI Number 65-0911745 | — | oplied For ot Applicable |
| Zip | Country | Zip | Country | | 5. Certificate of Status Desired XXX | \$8.75 Add Fee Require | |
| | Registered Agent | | 7. Name and Address of New Registered Agent | | | | |
| STOTZER, THEODORE R | | | Name Street A | Name Street Address (P.O. Box Number is Not Acceptable) | | | |
| 4651 SHERIDAN ST, SUITE 200 HOLLYWOOD FL 33021 | | | | | , | | <u> </u> |
| | | | City | City FL Zip Code | | | |
| | e named entity submits this statement for ations of registered agent. | r the purpose of changing its r | registered office or | r registere | ed agent, or both, in the State of Florida. I a | am familiar with, | and accept |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE | : Registered Agent signate | ure required | when reinstating) OAT | E. | |
| Afte | FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of | l State | | | 9. Election Campaign Financing Trust Fund Contribution. | | 0 May Be I to Fees |
| 10. | OFFICERS AND I | DIRECTORS | 11. | | ADDITIONS/CHANGES TO OFFICERS A | AND DIRECTORS | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC SWERDLOW, MICHAEL J 900 HOLLYWOOD WAY HOLLYWOOD FL 33021 | . Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4651 | DLOW, MICHAEL J. SHERIDAN STREET, SUITE 200 WOOD, FLORIDA 33021 | XX Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCOO ZOHN, FRANK | ☐ Delete | , TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCOO ZOHN, 4651 | , FRANK SHERIDAN STREET, SUITE 200 WOOD, FLORIDA 33021 | xxx Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPS STOTZER, THEODORE R 1309-HOLLYWOOD WAY- HOLLYWOOD FL 33021 | ☐ Celete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVPS STOTZ 4651 | ZER, THEODORE R. SHERIDAN STREET, SUITE 200 ZWOOD, FLORIDA 33021 | XX Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP ATZMON, SIDNEY 600 HOLLYWOOD WAY HOLLYWOOD FL 33021 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP ATZMO 4651 | ON, SIDNEY SHERIDAN STREET, SUITE 200 ZWOOD, FLORIDA 33021 | XX Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP DILL, BRETT -900 HOLLYWOOD WAY HOLLYWOOD FL 33021 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4651 | , BRETT SHERIDAN STREET, SUITE 200 WOOD, FLORIDA 33021 | XX Change | Addition |
| ITLE IAME STREET ADDRESS CITY-ST-ZIP | EVP LEBLANC, ROGER | □ Oelete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4651 | ANC, ROGER SHERIDAN STREET, SUITE 200 WOOD, FLORIDA 33021 | ★ Change | ☐ Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SREG GREAT MALL, INC.

SIGNATURE:

By:

| Date | Daytime Phone #