2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **F99000002229** Apr 07, 2000 8:00 am Secretary of State GLOBAL CROSSING MARKETING USA INC. 04-07-2000 90026 022 ***150.00 Mailing Address Principal Place of Business 150 EL CAMINO DRIVE, SUITE 204 150 EL CAMINO DRIVE. SUITE 204 BEVERLY HILLS CA 90212-2737 BEVERLY HILLS CA 90212 3. Mailing Address 2. Principal Place of Business 360 N. Crescent Dr. 360 N. Crescent Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 95-4670978 Not Applicable Beverly \$8.75 Additional 5. Certificate of Status Desired 90210 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 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. Addition TITLE ☐ Delete TITLE NAME PORTER, BARRY 360 N. Crescent Dr. 150 EL CAMINO DRIVE, SUITE 204 STREET ADDRESS STREET ADDRESS Boverly Hills, CA 90210 CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS CA 90212** Delete Addition TITLE TITLE NAME NAME COOK, SHERRI STREET ADDRESS STREET ADDRESS 150 EL CAMINO DRIVE, SUITE 204 CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS CA 90212** ☐ Addition TITLE Delete TITI F NAME TESORIERO, JOE NAME 360 N. Crescent Dr. STREET ADDRESS STREET ADDRESS 150 EL CAMINO DRIVE, SUITE 204 CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS CA 90212** ☐ Addition ☐ De ete TITLE OLOFSON, ROY NAME NAME 360 N. Clescent Bl. STREET ADDRESS STREET ADDRESS 150 EL CAMINO DRIVE, SUITE 204 CITY-ST-ZIP CITY-ST-ZIP Beverly Hills, CA 90210 **BEVERLY HILLS CA 90212** Addition De'ete TITLE ☐ Change TITLE NAME NAME Dan Cohrs 360 N. Crescent Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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 a reddress, with all other like empowered.

(3,0)385-5200

Date

Joseph Tesoriero

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daylime Phone #