2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # H40863** 1. Entity Name ALMA, INC. 04-26-2001 90310 023 ***150.00 Principal Place of Business Ma:ling Address P.O. BOX 941145 3550 HOLIDAY AVE APOPKA FL 32703 MAITLAND FL 32794-1145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2522931 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SABOFF, JAMES R Street Address (P.O. Box Number is Not Acceptable) 3550 HOLIDAY AVE APOPKA FL 32703 Zin Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.05 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE 11116 Change SABOFF, JAMES R NAME NAME: 3550 HOLIDAY AVE STREET ADDRESS. STREET ADDRESS CICY-S1-ZIP APOPKA FL 32703 CEM-SI-ZP TITLE Delete THE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS C!TY - ST - 718 CITY-ST-7/2 TITLE ☐ Delete FRE fill Change Li Adebier. NAME NAME STREET ADDRESS STREET ADDRESS C11Y-S1-ZIP CTY-St-ZP TITLE ☐ Defete TT. F ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CHY-ST-ZIP CiTY-ST-ZIP Acdition TITLE Delete 11718 Fil Change NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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's gnature 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.

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STREET ADDRESS CITY-ST-7:9

11718

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R SANSOFF

Change

Addition