2000 UNIFORM BUSINESS REPORT (UBR) Apr 21, 2000 8:00 am Secretary of State **DOCUMENT # H92884** DIRECT MANAGEMENT, INC. 04-21-2000 90119 046 ***158.75 Principal Place of Business Mailing Address 5675 SW 35TH AVENUE 5675 SW 35TH AVENUE HOLLYWOOD FL 33312-6373 HOLLYWOOD FL 33312 HS 2. Principal Place of Business 3. Mailing Address W. GRIFFINE Rd. 3201 W. GRIPFIND Rd Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. 106 106 City & State 4. FEI Number Applied For City & State 59-2638492 Not Applicable ANIA Country **\$8.75** Additional 5. Certificate of Status Desired US Fee Required 33*31* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GORDON DECKELBAUM, GORDON Street Address (P.O. Box Number is Not Acceptable) 5675 SW 35TH AVENUE HOLLYWOOD FL 33312 Zip Code 3331 BEACH 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. (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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE DECKELDAUM : GORDON DECKELBAUM, GORDON NAME NAME 3201 W GR. Afin ld #106 5675 SW 35TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33312 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 an address, with all other like empowered.

SIGNATURE:

| SIGNATURE | Date | Date