2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # H97045** Jan 21, 2000 8:00 am 1. Entity Name **Secretary of State** KEN THORNBERRY & ASSOCIATES, INC. 01-21-2000 90079 018 ***158.75 Principal Place of Business Mailing Address 4951 NORTH UNIVERSITY DR 4951 NORTH UNIVERSITY DR SHITE 15 SUITE 15 LAUDERHILL FL 33322-4115 LAUDERHILL FL 33351 HS 2. Principal Place of Business 3. Mailing Address 1802 NORTH UNIVERSITY DRIVE 1868 NORTH UNIVERSITY DRIVE Suite, Apt. #, etc. PMB #284 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 102 City & State PLANTATION , FL Applied For City & State PLANTATION, FL 4. FEI Number 59-2637733 Not Applicable Country **Brune**o Country \$8.75 Additional 5. Certificate of Status Desired 33322 33322 BEOWNED Fee Required _ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THORNBERRY, KENNETH D. Street Address (P.O. Box Number is Not Acceptable) 4951 NORTH UNIVERSITY DR SUITE 15 SUITE 12 LAUDERHILL FL 33351 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 KENNETH D. THORNBERRY (NOTE: Registered A FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 11. OFFICERS AND DIRECTORS 12. Change TITLE TITLE Defete THORNBERRY, KENNETH D. NAME NAME STREET ADDRESS 9571 N.W. 31ST PLACE STREET ADDRESS CITY-ST-ZIP SUNRISE FL CITY-ST-7/P Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE 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 attaching with an applicable. With all other like empowered.

C KENNETH D

SIGNATURE AND TYPED OR PRINTED NAME OF SI

SIGNATURE: