2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 28, 2008 8:00 am Secretary of State DOCUMENT # H98622 03-28-2008 90028 041 ***150.00 SHORT LINE MODEL COMPANY, INC. Libiling Address Principal Place of Business C/O 2455 E. SUNRISE BLVD. î. O h. VENIS FT, LAUDERDALE, FL 33304 US . 155 E. Surikise Bevd. FT. Lauderdale, FL-33304 2. Principal Place of Business - No P.O. Box ** 4360 KETE Suite, Apt. #, etc. Suite, Apt. #, etc. 03182008 Chg-P CR2E034 (12/06) 4. FEI Number City & State Applied For AUDERDALE 59-2633287 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Ager 7. Name and Address of New Registered Agent Name VENIS, HARRY C Street Address (P.O. Box Number is Not Acceptable) 2455 EAST SUNRISE BLVD. PENTHOUSE NORTH FT. LAUDERDALE, FL 33304 Zip Code FL 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered (gent at a five diapplicable) (NOTE: Registered Agent signature required when reinstaning) 9. Election Jumpaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Tru: Fur | Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS NOTE: JOINS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE L Delete TITLE ☐ Change ☐ Addition WARRICK, PETER NAME NAME 4360 POTENS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 3: 317 CITY-ST-ZIP TITLE Delai TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE i...l Delc : TITLE Change - - - Addition-NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 1100 THUE ☐ Change ☐ Addition NAME NAME 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 1 Detail. TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TIT! E Change ☐ Addition NAME BLAS:1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supor the exemptions contained in Charter 119, Florida Statutes, I further certify that the information ومثلونا indicated on this report or supplemental to of the corporation or the receiver or trustothat my signature shall have the same kend effect as if made under oath; that I am an officer or director of this report as required by Chapter 60%, Florica Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an ad-SIGNATURE: --- G . + FICER OR DIRECTOR 411 3 NAME OF 2 Date Daytime Phone

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