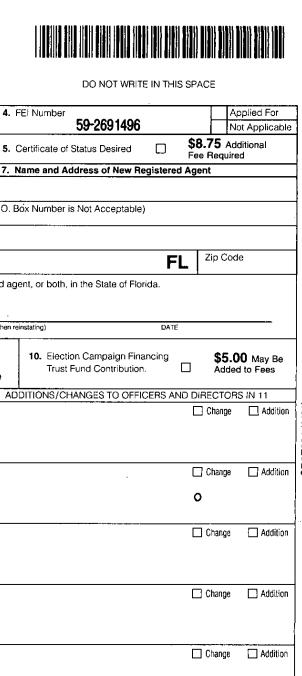
2002 UNIFORM BUSINESS REPORT (UBR) DQCUMENT # J24728 1. Entity Name CAMDEN SECURITIES, INC. Principal Place of Business Mailing Address 3807 WILSHIRE BLVD. 3807 WILSHIRE BLVD. STE. 1220 STE. 1220 LOS ANGELES CA 90010 LOS ANGELES CA 90010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-2691496 Zip Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name RYAN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 12902 US HWY 301 SOUTH **RIVERVIEW FL 33569** City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. TITLE □ Delete TITLE NAME NAME ANTHONY, PATRICK STREET ADDRESS STREET ADDRESS 3807 WILSHIRE BLVD., STE. 1220 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90010 TITLE ☐ Delete TITLE NAME NAME FULLER, KAREN STREET ADDRESS STREET ADDRESS 3807 WILSHIRE BLVD., STE. 1220 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90010

XX Delete

FILED May 07, 2002 8:00 am Secretary of State

05-07-2002 90229 005 ***150.00



NAME STREET ADDRESS CITY-ST-ZIP	CANTRELL, BILL 3807 WILSHIRE BLVD., STE 1220 LOS ANGELES CA 90010	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS : CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
13. I hereby certify that the information supplied with this filing does not call lift 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 accuracy 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 disterned 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 the empowered.				

TITLE

SIGNATURE:

TITLE

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SIGNATURE AND TYPED OR PRINTED N

04/26/2002