2001 UNIFORM BUSINESS REPORT (UBR) Mar 08, 2001 8:00 am **DOCUMENT # J37558 Secretary of State** 1. Entity Name GLOBAL SEARCH INC. 03-08-2001 90132 047 ***150.00 Principal Place of Business Mailing Address 1451-A S. MIAMI AVE. 1451-A S. MIAMI AVE. MIAMI FL 33130 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address 1451-A S. Miani 1451-A Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State ✓ Applied For 4. FEI Number 59-2723468 Mi<u>ani</u> Not Applicable Miani Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33130 33<u>130</u> ush usk Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TANNHAUSER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 7512 MUTINY AVE. N. BAY VILLLAGE FL 33141 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT€: 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, 2001 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. TITLE ☐ Change ☐ Addition TITLE ☐ Delete TANNHAUSER, MICHAEL NAME STREET ADDRESS STREET ADDRESS 7512 MUTINY AVE. CITY-ST-ZIP CITY-ST-ZIP N. BAY VILLAGE FL 33141 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete --- Change -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/0

305-374-827

Daytime Phone #