2001 UNIFORM BUSINESS REPORT (UBR) Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # J56366** 1. Entity Name MARDON ENTERPRISES, INC. 04-05-2001 90065 016 ***150.00 Principal Place of Business Mailing Address 4210 L B MCLEOD RD 4210 L B MCLEOD RD SUITE 117 SUITE 117 ORLANDO FL 32811 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address 7822 KINGSPOINTE PARKUNY 7822 KINGSPOINTE PARKWAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # #/ City & State City & State 4. FEI Number Applied For 59-2644856 ORLANDO, FL ORLANDO, FL Not Applicable Country 3 28 19 Country \$8.75 Additional 5. Certificate of Status Desired 11.5 Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ICOTTI, MARIO CICOTTI, MARIO 4210 L B MCLEOD RD **SUITE 117** ORLANDO FL 32811 李²819 ORLANDO 8. The above named entity submits this statement for the purple of changing if registered office or registered agent, or both, in the State of Florida. Mario Cicotti 4-3-01 Signature, typed or printed name of registered agent and title it 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE CR2E034 (10/00) ☐ Delete TITLE CICOTTI, MARIO NAME NAME CICOTTI. MARIO 7822KINGSPOINTE PARKWAY #1 STREET ADDRESS 4210 L B MCLEOD RD SUITE 117 STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32819 CITY-ST-ZIP ORLANDO FL 32811 TITLE ☐ Delete ☐ Addition CICOTTI, BRUNO NAME NAME CICOTTO, BRUNO 7822 KINGSPOINTE PARKWAY #1 STREET ADDRESS STREET ADDRESS 4210 L B MCLEOD RD SUITE 117 CITY-ST-ZIP 32819 CITY-ST-ZIP ORLANDO, EL ORLANDO FL 32811 TITLE Delete TITI F ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 attachment with an address, with all other like impowered.

SIGNATURE:

Mario Cicotti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-248-9776

Davtime Phone #