FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Jul 22, 2002 8:00 am Secretary of State DOCUMENT # J68995 1. Entity Name 07-22-2002 90156 004 ***550 00 SIGN*A*RAMA INC. Principal Place of Business Mailing Address 1601 BELVEDERE ROAD 1636 NEW HIGHWAY SUITE 402 EAST FARMINGDALE NY 11735 WEST PALM BEACH FL 33406 Principal Place of Business 3. Mailing Address Australian Avr. South 801 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 58-1737365 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAL SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 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. + am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 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 ☐ Delete TITLE ☐ Change ☐ Addition TITUS, ROY W. NAME 1640 NEW HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Farmingdale ny CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME SWANSON, STANLEY R. NAME STREET ADDRESS 1640 NEW HIGHWAY STREET ADDRESS CITY-ST-ZIP_ FARMINGDALE NY 11735 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME TITUS, RAYMOND W NAME STREET ADDRESS 1640 NEW HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FARMINGDALE NY ☐ Delete TITLE TITLE ☐ Change Addition NAME TITUS, ROBERT NAME STREET ADDRESS 1640 NEW HWY STREET ADDRESS CITY-ST-ZIP FARMINGDALE NY 11735 CITY-ST-ZIP TITLE ☐ 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 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

CR2E034 (4/02)

SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #