2006 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) Mar 01, 2006 8:00 am Secretary of State DOCUMENT # J78145 1. Entity Name 03-01-2006 90029 008 ***150.00 M.L.B. INTERNATIONAL SALES CORP. Principal Place of Business Mailing Address 2770 SÜNSET DR MIAMI BEACH FL 33140 2770 SUNSET DR MIAMI BEACH FL 33140 1st MOORE CR2E034 (10/05) 4. FEI Number 59-2816449 \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURTON, MARC L. Street Address (P.O. Box Number is Not Acceptable) 2770 SUNSET DR SUNSET ISLAND. #1 MIAMI BEACH FL 33140 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. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE TITLE Delete NAME BURTON, MARC L. NAME 2770 SUNSET DR STREET ADDRESS STREET ADORESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP Delete IIILE ☐ Change NAME BURTON, POLLY R. 2770 SUNSET DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

FILED

Applied For

Not Applicable

☐ Addition

☐ Addition

Addition

Addition

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■ Addition