2001 UNIFORM BUSINESS REPORT (UBR) Apr 13, 2001 8:00 am Secretary of State **DOCUMENIT # J83279** 1. Entity Name DISCOVERY FALENT AGENCY, INC. 04-13-2001 90049 027 ***150 00 Principal Place of Business Mailing Address 3061 NE 49TH ST 3061 NE 49TH ST UUU35824 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 US US 2. Principal Place of Business 3. Mailing Address 3032 E. COMMERCIAL BLUD 3032 E. COMMERCIAL BLVD. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. PMB #3 P M B # 3 City & State City & State 4. FE! Number Applied For 65-0003054 FORT LAUDENDALE, FL. FORT LAUDERDALE. Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 3308-4312 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHAPIRO; ALLEN: 3032 E. COMMERCENL BLUD, PMB# 3 7. 3061 NE 49TH ST FT LAUDERDALE FL 33308 FORT LAUDEADALGACIA 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Change Addition TITLE ☐ Delete TITLE Pb SHAPERO ALLEN ARCENE BLVD. PABH 3 SHAPIRO, ALLEN NAME NAME STREET ADDRESS 3061 NE 49TH ST #22 STREET ADDRESS FORT LHODERDALE, FL. 33308 CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33308 Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 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 TITLE ☐ Change ☐ Addition ☐ Delete 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 empowered.

SIGNATURE: My Sharing OFFICER OR DIRECTOR

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