2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 15, 2008 8:00 am Secretary of State **DOCUMENT # J88843** 1. Entity Name 04-15-2008 90016 033 ***150.00 JEBSAM PROPERTIES, INC. Principal Place of Business Mailing Address 4440 NE 20TH AVE FT LAUDERDAEL FL 33308 801 S FEDERAL HWY APT 1107 POMPANO BEACH FL 33062-6768 2. Principal Place of Business - No P.O. Box # 3. Mailing Address S FEDTRAL HWY Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For 16-0319068 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LONSTEIN, EUGENE M Street Address (P.O. Box Number is Not Acceptable) 801 S FEDERAL HWY APT 1107 POMPANO BEACH FL 33062-6768 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD TITLE ☐ Defete ☐ Change Addition LONSTEIN, EUGENE M. NAME NAME STREET ADDRESS 801 S FEDERAL HWY #1107 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 City-St-7iP PLONSTEIN JOHATHAN, A 64.70 CONTEMPO LAND TITLE Delete TITLE Change ■ Addition LONSTEIN, JONATHAN, A NAME STREET ADDRESS 4170 N MARINE DR #21G STREET ADDRESS BOCKA RATION FL 33433 CITY-ST-ZIP CHICAGO IL 60613 CITY-ST-ZIP TITLE ☐ Delete πιε Change Addition LONSTEIN, BRAD, E 17201 COLLINS AV#1001 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUMMY TELES, FL 33160 me ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Deiete TITLE Change 1 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 a other like empowered.

EUGENE

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE: -