2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 07, 2000 8:00 am Secretary of State OCUMENT # K19406 Entity Name COMPONENT DESIGN MARKETING, INC. 03-07-2000 90052 009 ***150.00 rincipal Place of Business Mailing Address 1803 PARK CENTER DR #200 PARK CENTER DR #200 622142 NIDO FL 32835 ORLANDO FL 32835-6216 . 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2910521 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RADOLAN, BARRY Street Address (P.Q. Box Number is Not Acceptable) # 200 7616 SOUTHLAND BLVD. 1803 Park Center Dr **SUITE 103** ORLANDO FL 32809 Zip Code 32835 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) 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, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. TITI F Addition ☐ Delete RADOLAN, BARRY NAME 200000 524 1803 PARK CENTER DR #200 STREET ADDRESS CITY-ST-ZIP ST-7IP ORLANDO FL ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE STREET ADDRESS ADDRESS ST ZIP CITY-ST-ZIP ☐ Addition Change · Delete TITLE NAME STREET ADDRESS amuń 👀 CITY-ST-ZIP ST-ZIP ☐ Delete TITLE Change Addition STREET ADDRESS ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change Addition ☐ Delete MILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C:T' 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: