APPROVED AND FILED

01 MAY -3 AM 10: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003432

1. Entity Name

TIMES INTERNATIONAL LLC

Principal Place of Business	Mailing Address
1221 BRICKELL AVE. STE. 900	1221 BRICKELL AVE. STE. 900
MIAMI, FL 33131	MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
1221 BRICKELL AVE. STE. 900	1221 BRICKELL AVE. STE. 900
Suite, Apt. #, etc. C/O MARK HANKINS	Suite, Apt. #, etc. C/O MARK HANKINS
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131 / Country	Zip 33131 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: Applied For — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVE. STE 900
MIAMI FL
33131 US

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JEFFERS, VERENA EULANDA CRADDOCK ROAD CHARLESTOWN NEVIS, WEST INDIES ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700004325937--6 -05/29/01--01134--003 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] JEFFERS, VERENA EULANDA MGR 4/29/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #