DOCUMENT # L-9941

1. Entity Name: ENTRY LABEL, LLC

FILED
01 AUG 13 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	Mailing Address
PO BOX 221222 Hollywood, FL 33022	PO Box 221222 Hollywood FL 33022

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: PO BOX 221222	Suite, Apt. #, etc.: POBOX 221222
City & State: Hollywood FL	City & State: Hollywood, FL 33019
Zip: 33022 Country: U.S.A.	Zip: 33019 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1034663 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENJAMIN WOLKOV 6422 Collins Ave., Apt. 603 MIAMI BEACH, FL 33141	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: BENJAMIN WOLKOV — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 08/01/01

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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TLE / AME / TREET ADDRESS / ITY-ST-ZIP	Managing Member BENJAMIN WOLKOV 6422 Collins Ave., Apt. 603 MIAMI BEACH, FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TLE / AME / TREET ADDRESS / ITY-ST-ZIP	Managing Member Jesse Card Potterveld 2357 Leconte Avenue Berkeley, CA 94709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TLE / AME / TREET ADDRESS / ITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200004536942--6 -08/15/01--01032--017 *****55.00 *****55.00	☐ Change ☐ Addition
TLE / AME / TREET ADDRESS / ITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TLE / AME / TREET ADDRESS / ITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TLE / AME / TREET ADDRESS / ITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

954-270-7541

SIGNATURE: Benjamin Wolkov, Managing Member 08/01/01