SIGNATURE:

| 2001 UNIFORM B  | USINESS REPO  | PRT (UBR)  |  | •   |                                   |                             |            |
|---|---|--|--|---|-----------------------------------|-----------------------------|------------|
| DOCUMENT # \_ (   | ,   | •  |  |   |                                   |                             |            |
| MOVA FLORIDA, L.L.C.  |   |  | F  | FILED                                       |                                   |                             |            |
| Principal Place of Business Mailing Address   |   |  | O1 AUG   | 01 AUG 21 PM 12: 17                         |                                   |                             |            |
| 21 BRISTOL DRIVE Came   |   |  | SECRETA<br>TALLAHAS  | SECRETARY OF STATE TALLAHASSEE, FLORIDA     |                                   |                             |            |
| MANHASSET, NY 11030   |   |  |  | Joec, I CORIDA                              | •                                 |                             |            |
| 2. Principal Place of Business  | 3. Maifing Address  | 3. Mailing Address                               |  |   |                                   |                             |            |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   | Suite, Apt. #, etc.                              |  | DO NOT WRITE IN THIS SPACE                  |                                   |                             |            |
| City & State  | City & State  | City & State                                     |  | -26313                                      | $\sim$                            | oplied For<br>ot Applicable | -          |
| Zip Country   |   |  | 5. Certificate of Status Desired Status Desired Fee Required   |   |                                   |                             |            |
| 6. Name and Address of C  | 7. Name and Address   | 7. Name and Address of New Registered Agent      |  |   |                                   |                             |            |
| 2601 South Boughore Drive Street Address (F   |   |  | <u>oukosh ya</u>   | GHOUB                                       | <u> </u>                          |                             | -          |
|   | ss (P.O. Box Number is Not A  |  |  |   |                                   |                             |            |
| Suite 1600  |   |  | COLLINS A  | VENUE,                                      | # 47                              | <u> </u>                    | -          |
| Miami, FL 33133 MAMI  |   |  | 1 REACH  | FL  | <u>-   35°</u>                    | 140                         |            |
| 8. The above named/entity submits this state:   | hent for the purpose of changing its  | registered office or regis                       | stered agent, or both, in the S  | _   | 5 200                             | i                           |            |
| SIGNATURE Signature, typed or printed name of registern   | ed agent and title if applicable. (NO   | E: Registered Agent signature req                | uired when reinstating)  | DATE  | <u> </u>                          |                             |            |
| <i>II</i>   | Make Check Pa   | OWIII FEE(S \$50)<br>yablo(to Departmen          | t of State   | 104552<br>08/23/01-0<br>*****\$0.00         | 10690                             | 104                         |            |
| 9. MANAGING   | MEMBERS/MEMBERS   | 10.  | Section 19 Control of the Control of | DITIONS/CHANGES                             |                                   | <u> </u>                    | 1          |
| STREET ADDRESS  | ourosh Delete   | TITLE NAME STREET ADDRESS                        |  |   | ☐ Change                          | ☐ Addition                  | 83 (11/00) |
| CITY-ST-ZIP 21 BRISTOL DI   | c., 14/ 11030   | CITY-ST-ZIP                                      |  |   | ☐ Change                          | Addition                    | POEN       |
| NAME STREET ADDRESS CITY-ST-ZIP GREAT NECK  | houbi Hacjibay<br>AVENUE #329   | TITLE NAME STREET ADDRESS CITY-ST-ZIP            |  | . *   | Citalige                          | Audumon                     | 80         |
| 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                    |            |
| TITLE NAME STREET ADDRESS CITY-ST-ZiP   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP            |  |   | ☐ Change                          | ☐ Addition                  |            |
| TITLE * NAME 'S STREET ADDRESS CITY-ST-ZIP  | . Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP            | ,  |   | ☐ Change                          | Addition                    |            |
| 11. I hereby certify that the information supplied indicated on this report is true and accurate. | ed with this filing does not qualify for<br>te and that my signature shall have t | the exemption stated in the same legal effect as | Section 119.07(3)(i), Florida if made under oath; that I am  | Statutes. I further cer<br>a managing membe | tify that the in<br>er or manager | formation<br>r of the       | Ų.         |

My MUMWW Kouros Vahoubi 8/15/01 (516)482-5061