FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State DOCUMENT # L0100004321 1. Entity Name ADVANTAGE INTERNATIONAL CONSULTING, LLC 05-13-2002 90257 045 ***150.00 Principal Place of Business Mailing Address 147 PEACE AVENUE 147 PEACE AVENUE TAVERNIER FL 33070 TAVERNIER FL 33070 960556 2. Principal Place of Business 3. Mailing Address 10700 Caribbon Block P.U. Box 186 d Suite, Apt. #, etc. Suite, Apt. #, etc. Svite DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Miami Applied For 65-108461 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired US A US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 Street Address (P.O. Box Number is Not Acceptable) 10700 Caribbean Bluit. MIAMI BEACH FL 33139 Miumi Zip Code <u>33 189</u> 8. The above named entity statement for the p of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE nt and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITI F ☐ Delete TITI F YAGEL, RUSSEL A Change Addition MAME NAME STREET ADDRESS 147 PEACE AVENUE STREET ADDRESS CITY-ST-ZIP **TAVERNIER FL 33070** CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITI F NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMB

CR2E083 (9/01)