

UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG 29 AM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/30/02--01044--001

*****50.00 *****50.00

DOCUMENT # L01000005824

1. Entity Name
Bomax LLC

Principal Place of Business Mailing Address
300 East 56th Street 300 East 56th Street
Apt. 32A Apt. 32A
New York, NY 10022 New York, NY 10022

2. Principal Place of Business 3. Mailing Address
300 East 56th Street 300 East 56th Street

Suite, Apt. #, etc. Suite, Apt. #, etc.
Apt. 32A Apt. 32A

City & State City & State
New York, NY New York, NY

Zip County Zip County
10022 New York 10022 New York

4. FEI Number ☒ Applied For
Not Applicable

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

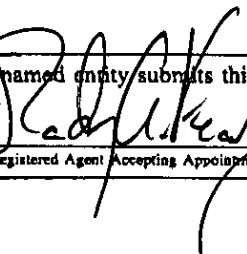
6. Name and Address of Current Registered Agent

Mark T. Tate Esq.
418 W. Platt Street
Tampa, FL 33606

7. Name and Address of New Registered Agent/Office

Name
Corporate Creations Network Inc.
Street Address (P.O. Box Number is Not Acceptable)
941 Fourth Street
Suite, Apt. #, etc.
City Zip Code
Miami Beach FL 33139

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  Randy Fernandez, Vice President DATE 8/26/02
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

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

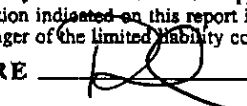
9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member David B. Cone 300 East 56th Street Apt. 32A New York, NY 10022	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member Lynn A. Cone 300 East 56th Street Apt. 32A New York, NY 10022	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

10. ADDITION/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION

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  David Cone by Richard Heiden as attorney-in-fact 8/26/02