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Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90025 001 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020092

1. Entity Name
THE BRAND EXPERIENCE, LLC

90144051

Principal Place of Business	Mailing Address
115, 1ST RIVO ALTO TERRACE MIAMI BEACH, FL 33139 US	115, 1ST RIVO ALTO TERRACE MIAMI BEACH, FL 33139 US

[redacted]

2. Principal Place of Business	3. Mailing Address
1521 Alton Rd	1521 Alton Road
Suite, Apt. #, etc. #8	Suite, Apt. #, etc. #8
City & State Miami Beach FL	City & State Miami Beach, FL
Zip 33702 Country USA	Zip 33702 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1156455 ☐ 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
SCHMIDT, MARK 1521 ALTON ROAD #8 MIAMI BEACH, FL 33139	Name Schmidt Mark Street Address (P.O. Box Number is Not Acceptable) 6527 Bayou Grande Blvd N.E. City St. Petersburg FL Zip Code 33702

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 7/14/03

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHMIDT, MARK 115 1ST TERRACE, ROW ALTO ISLAND MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(same) 6527 Bayou Grande Blvd NE St. Petersburg, FL 33702	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUNNELL, BETHANY 115 1ST TERRACE, ROW ALTO ISLAND MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(same) 6527 Bayou Grande Blvd NE St. Petersburg, FL 33702	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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

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] 7/14/2003 (727) 521-3488

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

CR2E083 (10/02)