AMENDED

FILED

2003 NOV 20 AM 8:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000021621

1. Entity Name
UNIQUE EXOTIC TOYS RENTAL, LLC

Principal Place of Business
2900 S. FEDERAL HWY
FT. LAUDERDALE, FL 33316

Mailing Address
2900 S. FEDERAL HWY
FT. LAUDERDALE, FL 33316

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11/20/03--01025--021 **50.00

2. Principal Place of Business		3. Mailing Address	
3200 S. Andrews Av		3200 S. Andrews Ave	
Suite, Apt. #, etc. 204		Suite, Apt. #, etc. 204	
City & State Ft. Lauderdale FL		City & State Ft. Lauderdale FL	
Zip 33316	Country USA	Zip 33316	Country USA

☒ CHECK HERE IF MAKING CHANGES

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

IPPOLITO, NICOLE
2900 S. FEDERAL HWY
FT. LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name JOSEPH IPPOLITO
Street Address (P.O. Box Number is Not Acceptable)
3200 S. ANDREWS AVE
City FT. LAUDERDALE FL Zip Code 33316

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 Joseph Ippolito Joseph Ippolito, PRES. 11/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGR IPPOLITO, NICOLE P.O.BOX 39171 FT. LAUDERDALE, FL 33339	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR/PRESIDENT JOSEPH IPPOLITO P.O. Box 39171 Ft. LAUDERDALE FL 33339	☐ 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
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CR2E083 (10/02)

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: Joseph Ippolito / JOSEPH IPPOLITO 11/13/03 954-763-9222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #