2004 LIMITED LIABILITY COMPANY

May 03, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L03000005334 05-03-2004 90112 010 ****50 00 1. Entity Name THE ADPROS ADVANTAGE, LLC Mailing Address Principal Place of Business 24062591 1810 NE 153RD STREET 1810 NE 153RD STREET NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 13-4238033 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARSHALL R. PASTERNACK, P.A. Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD. **SUITE 2500** MIAMI, FL 33131 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE FT Change ☐ Addition TITLE ☐ Delete JOSE M. ESCARDO NAME 1910 NE 153 ST. STREET ADDRESS STREET ADDRESS N. MIAMI BEACH, FL 33162 CITY - ST - ZIP CITY - ST - ZIE ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY - ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

305.956-9906