38 005 \*\*\*150.00

| City & State  City & State  City & State  City & State  Country  Country  Country  5. Certificate of Status Desired  Name  Name  Name  FOY HAMMONS & ASSOCIATES  2701 SO. BAYSHORE DR  SUITE 608  MIAMI FL 33133  City  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida  SIGNATURE  Signature, typed or binned name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  4. FEI Number 65-0178575  65-0178575  5. Certificate of Status Desired  Street Address (P.O. Box Number is Not Acceptable)  City  10. Election Campaign Financi  Trust Fund Contribution. | DOCUME<br>1. Entity Name                          | ENT #                    | L03787                       |  | OKI            | (ORK)                           | May 23, 2<br>Secretar<br>05-23-2002 901     |  |  |
|---|---|--------------------------|------------------------------|--|----------------|---------------------------------|---|--|--|
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   DO NOT WRITE IN  | 1123 BROADWAY<br>STE 1006<br>NEW YORK NY 10<br>US | 1010                     |                              | 1123 BROADWAY<br>STE 1006<br>NEW YORK NY 10010<br>US |                |                                 |   |  |  |
| Country  Zip  Country  Zip  Country  5. Certificate of Status Desired  7. Name and Address of New Regis  FOY HAMMONS & ASSOCIATES  2701 SO. BAYSHORE DR  SUITE 606  MIAMI FL 33133  City  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  Signature, typed or kinnted name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  10. Election Campaign Financi Trust Fund Contribution.            | Suite, Apt. #, etc.  City & State                 |                          |                              | Suite, Apt. #, etc.                                  |                |                                 | DO NOT WRITE IN  4. FEI Number  65-0178575  |  |  |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Regis  FOY HAMMONS & ASSOCIATES 2701 SO. BAYSHORE DR  SUITE 606 MIAMI FL 33133 City  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, on both, in the State of Florida  SIGNATURE  Signature, typed or krinted name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  12. ADDITIONS/CHANGES TO OFFICEE  |   |                          |                              |  |                |                                 |   |  |  |
| FOY HAMMONS & ASSOCIATES  2701 SO. BAYSHORE DR  SUITE 608  MIAMI FL 33133  City  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  Signature, typed or brinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICER  |   |                          |                              | Zip  | Cour           | ntry                            | 5. Certificate of Status Desired            |  |  |
| Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICER                                | , 6   | . Name and Ad            | dress of Current Re          | gistered Agent                                       |                | Name                            | 7. Name and Address of New Regis            |  |  |
| 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  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)    Continue of the purpose of changing its registered office or registered agent, or both, in the State of Florida  (NOTE: Registered Agent signature required when reinstating)  10. Election Campaign Financi Trust Fund Contribution.  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICER  | 2701 SO. BAY<br>Suite 606                         | YSHORE DR                | ATES                         |  |                | Street Address (F               | P.O. Box Number is Not Acceptable)          |  |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  10. Election Campaign Financian Trust Fund Contribution.  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICER  |   |                          | sthis statement for th       | ne purpose of changing                               | its register   |                                 | ed agent, or both, in the State of Fiorida. |  |  |
| Tax filing requirement and elects to do so. (See criteria on back)  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICER   | SIGNATURE   | ture, typed or printed n | able of registered agent and | itle if applicable. (N                               | OTE: Registere | d Agent signature required      | when reinstating) What S. E.                |  |  |
| ADDITIONS/CHANGES TO OFFICE   | Tax filing requir                                 | rement and elect         | s to do so.                  | FILE NOV<br>After May 1, 2                           | V!!! FEE       | IS \$150.00<br>will be \$550.00 | 10. Election Campaign Financia              |  |  |
|   |   | n                        | OFFICERS AND DIF             |  |                |                                 | ADDITIONS/CHANGES TO OFFICER                |  |  |

THIS SPACE

Applied For Not Applicable

\$8.75 Additional Fee Required

Zip Code

tered Agent

**\$5.00** May Be Added to Fees

| 11.            | OFFICENS AND DIRECTO     | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                |            |          |         |          |            |  |  |
|----------------|--------------------------|---|----------------|------------|----------|---------|----------|------------|--|--|
| TITLE          | DVP                      | ☐ Delete  | TITLE          |            |          |         | Change   | Addition   |  |  |
| NAME           | TAYLOR, RANDY            |   | NAME           | _          |          | - \.    |          |            |  |  |
| STREET ADDRESS | 555 NE 34TH ST           |   | STREET ADDRESS | 11123 3400 | aduoau   | i Scut  | e 1006   | }          |  |  |
| CITY-ST-ZIP    | MIAMI FL 33137           |   | CITY-ST-ZIP    | NEW YOR    | uc 104   | (00010) |          |            |  |  |
| TITLE          | DP                       | ☐ Delete  | TITLE          | 100        | 7        |         | Change   | Addition   |  |  |
| NAME           | FABRICIUS, DAGMAR        |   | NAME           | _          |          | - \     | _        |            |  |  |
| STREET ADDRESS | 555 NE 34TH ST           |   | STREET ADDRESS | 1123 310   | reclease | Suite   | 1006     |            |  |  |
| CITY-ST-ZIP    | MIAMI FL 33137           |   | CITY-ST-ZIP    | Now you    | in ba    | 10010   |          | 1          |  |  |
| TITLE" " ~     | DT                       | Delete  | -TITLE -       |            | <u> </u> | -·      | Change   | Addition   |  |  |
| NAME           | HAMMONS, FUY H           |   | NAME           |            |          |         |          |            |  |  |
| STREET ADDRESS | 2701 S. BAYSHORE DR #606 |   | STREET ADDRESS |            |          |         |          |            |  |  |
| CITY-ST-ZIP    | MIAMI FL 33133           |   | CITY-ST-ZIP    |            | •        |         |          |            |  |  |
| TITLE          |                          | ☐ Delete  | TITLE          |            |          |         | ☐ Change | Addition   |  |  |
| NAME           |                          |   | NAME           |            |          |         |          |            |  |  |
| STREET ADDRESS |                          | i   | STREET ADDRESS |            |          |         |          |            |  |  |
| CITY-ST-ZIP    | <u> 2004 (100</u> 0)     |   | CITY-ST-ZIP    |            |          |         |          |            |  |  |
| TITLE          |                          | ☐ Delete  | TITLE          |            | ** -     |         | Change   | Addition   |  |  |
| NAME           |                          |   | NAME           |            |          |         |          |            |  |  |
| STREET ADDRESS |                          |   | STREET ADDRESS |            |          |         |          | ľ          |  |  |
| CITY-ST-ZIP    |                          |   | CITY-ST-ZIP    |            |          |         |          |            |  |  |
| TITLE          |                          | ☐ Delete  | TITLE          |            |          |         | Change   | ☐ Addition |  |  |
| NAME           |                          |   | NAME           |            |          |         | _ •      | _          |  |  |
| STREET ADDRESS |                          |   | STREET ADDRESS |            |          |         |          | 1          |  |  |
| CITY_CT_7ID    | ,                        |   | 0.77/ 07 7:0   |            |          |         |          | 1          |  |  |

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: