2003 FOR PROFIT CORPORATION

Jan 23, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** L60871 **DOCUMENT #** 01-23-2003 90186 026 ***150.00 1. Entity Name ADAR, INC. Principal Place of Business Mailing Address C/O MILLER, DAVID S C/O MILLER, DAVID S 7816 HAVERHILL RD 7816 HAVERHILL RD PALM BEACH GARDENS FL 33418-7803 PALM BEACH GARDENS FL 33418-7803 US 2. Principal Place of Business 3. Mailing Address 408 South Country Club 408 South (Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0189937 Not Applicable Country Palm Basch \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, DAVID, S Street Address (P.O. Box Number is Not Acceptable) 7816 HAVERHILL RD South Country (lul PALM BEACH GARDENS FL 33418-4803 Hantis 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) TITI F Addition ☐ Delete TITLE Change MILLER, DAVID S NAME NAME 408 South Country Club Dr. 7816 HAVERHILL RD STREET ADDRESS STREET ADORESS PALM BCH GARDENS FL CITY-ST-7IP CITY-ST-ZIP 🔂 Change TITLE Addition TITLE ☐ Delete wakefield, raphael G NAME NAME 408 South Country Club Dr. Atlantis, FL 33462 STREET ADDRESS 7816 HAVERHILL RD STREET ADDRESS CITY-ST-7IP PALM BCH GARDENS FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITI F ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-7/P

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

Delete

☐ Change

Addition