2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # L76384  1. Entity Name EMPIRE WARRANTY CORPORATION						FILED May 01, 2001 08:00 AM Secretary of State					
Principal Place		Mailing Address									
PEMBROKE PINES FL 33024 US		20TH FLOOR FT LAUDERDALE 33301		FL							
2. Principal P	lace of Business	3. Mailing Address								•	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	9	City & State				FEI Number			<del></del>	plied For	Ì
Zip	Country	Zip	Coun	try	- 1	59-2715803  Certificate of Status Desired		\$8.7	5 Add		-
	6. Name and Address of Current R	egistered Agent			7	. Name and Address of New R		Fee Re	equired	<u> </u>	-
	RATION SYSTEM E ISLAND RD. ON FL		Name ROLLIN Street Address 110 SE 6TH STE			NNETH B  Box Number is Not Acceptable T	)				- - -
33324 US		-		20TH FL City	H FLOOR  ET LAIDERDALE  FL Zig			Code	<u></u>	-	
8. The above	named entity submits this statement for t	he purpose of changing its r			AUDERDA				301		4
Tax filing re (See criter	Signature, typed or printed name of registered agent and prattion is eligible to satisfy its Intangible equirement and elects to do so, ia on back)	FILE NOW!!! FEE IS \$150.00After MAY 1, 2001 Fee will be \$550.00Make Check Payable to Department of Sta			00	10. Election Campaign Fin Trust Fund Contribution	-		\$5.00 Added	<b>0</b> May Be to Fees	
TITLE	OFFICERS AND D		12.		v	ADDITIONS/CHANGES TO OFF	ICERS A				]_
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete			HODGE 110 SE 6	N BRAD I'H STREET AUDERDALE	FL	☐ Ch	ange	<b>⊠</b> Addition	CR2E034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOURHIS MARC L 110 SE 6TH ST. FT. LAUDERDALE	Delete .						☐ CH	ange	Addition	CR2E
TITLE NAME STREET ADDRESS	VSD FERRANDO JONATHAN P 110 SE 6TH ST.	☐ Delete		e et address	SD FERRAN 110 SE 6	гн ѕт.		N Change ☐ Addition			1
CITY-ST-ZIP TITLE	FT. LAUDERDALE DP	FL 33301	1	-ST-ZIP	FT. LAU	DERDALE	FL	33301	<u> </u>		
NAME STREET ADDRESS CITY-ST-ZIP	MAROONE MICHAEL E 110 SE 6TH ST. FT. LAUDERDALE	☐ Delete  FL 33301						☐ Ch	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Ch	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAM STRE					☐ Ch	ange	Addition	
of the corp changed,	pertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with the control of the contr	ue and accurate and that my ered to execute this report a h all other like empowered.	/ SIMMAI	ilire shall h	ava tha con	te legal effect se if made under a	ath, that	1 200 20 6	officer 1	or director	1

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR