FILE NOW: Fee after May 1, will be \$588.75

SUITE 218A BOCA RAITON FL 33431 Suite, Apt. #, etc. City FL Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named fimited fiability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE [Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers Business Street Address City, State and Zip Code													
Filing FEE Annual Report \$100.00 + \$100.75 Corporation Supplemental Fee \$200.75 Make Check Payable for F. FLORIDA DEPARTMENT OF STATE TALLARIASSEE FLORIDA		NNUA	L REPO				Sand i Sec	ra B. III	State				
Table Notice Leading Address in Formation and a features of Sections 20 ATE AVENUE SOUTH LAKE WORTH FL 33462 If above making address in recorded in any way, time through interestal independence and evial connection in Black 2a. If above making address in recorded in any way, time through interestal independence and evial connection in Black 2a. If above making address in recorded in any way, time through interestal independence and evial connection in Black 2a. If above making address in recorded in any way, time through interestal independence and evial connection in Black 2a. If above making address in recorded in any way, time through interestal independence and evial connection in Black 2a. If above making address in recorded in any way, time through interestal independence and evial connection in Black 2a. If above making address in recorded in any way, time through interestal independence and evial a	FILING	FEE									3/1606	e in the contract of the contr	CTATE
Table Notice Leading Address in Formation and a features of Sections 20 ATE AVENUE SOUTH LAKE WORTH FL 33462 If above making address in recorded in any way, time through interestal independence and evial connection in Black 2a. If above making address in recorded in any way, time through interestal independence and evial connection in Black 2a. If above making address in recorded in any way, time through interestal independence and evial connection in Black 2a. If above making address in recorded in any way, time through interestal independence and evial connection in Black 2a. If above making address in recorded in any way, time through interestal independence and evial connection in Black 2a. If above making address in recorded in any way, time through interestal independence and evial connection in Black 2a. If above making address in recorded in any way, time through interestal independence and evial a	\$ 203.	75									SECRETA	ARY OF SSEE F	LORIDA
GARY SMIGIEL II, I.C. 87 177H AVENUE SOUTH LAKE WORTH FL 33462 **Televor nating address a recorded in any may, then brough locorners information and enter concection in Block 2s. 2 Principal Place of Business 2a. Making Address 2 Surfa, Apt. 8, etc. **Televor parties and address of Current Registered Agent Occurity 2p Country 2p Country 3. Date Organized or Qualified Sa. State of Formation 1/06/1995 1. Televor parties of Station Occurrent Information and enter concection in Block 2s. 3. Date Organized or Qualified Sa. State of Formation 1/06/1995 1. Televor parties Sa. State of Formation 1/06/1995 1. Televor parties of Station Occurrent Registered Agent Occurrent Registered Agent Sa. Occurring Saturate Desired Saturate Occurrent Registered Agent Saturate Occurrent Registered Agent Saturate Occurrent Registered Agent Saturate Occurrent Registered Agent Saturate, and Address of New Registered Agent Saturate Occurrent Registered Agent Saturate, and Address of New	 Name a of Limite 	ınd Mailin ed Liabilit	g Address y Compan	, DO	CUM	EN'	T #L950	00000	011		TALLANA	(3000	
2. Mailing Address Suite, Apt. #, etc. Suite, Apt	GARY SMIGIEL II, L.C. 87 17TH AVENUE SOUTH LAKE WORTH FL 33462									37 17TH AVENUE SOUTH			
Suite, April 4. 6C. Suite City & State Suite City & State Suite S										3. Date Organi	zed or Qualified	3a. State	of Formation
Sites, Apr. 4, 8c. Sulfe, Apr. 4, 9c. South South Applied For A										b1/06/19	95	FL	
Zip Country Zip Country B. Dear Class Report Section of Section Seed Country D6/13/1996 C	Suite, Apt. #, etc.					Suite, Apt. #, etc.				4. FEI Number			Applied For
To Country To Country To Country To Country To Country To Name and Address of Current Registered Agent To Name and Address of Current Registered Agent To Name and Address of New Registered Agent Name HANDLIER, HENRY B 2255 GLADES RD. SUITER 218A BOCA RATON FL 33431 Suite, Apt. #, etc. City To Code To Code To City To Code To	City & State					City & S	State				TCARLE		Not Applicable
7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name Name Size and Address of New Registered Agent Name Name Size and Address of New Registered Agent Name Size and Address of New Registered Agent Name Name Size and Address of New Registered Agent Name Name Name Name Size and Address of New Registered Agent Name Na												6. Certific	الكنام
######ZUS. 75 APPROVED FOR PAYMENT Content Conten	Zip		Cou	intry		Zip		Coun	try	06/12/16		56.75 Add	monal Fee Required
Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Sult TF 218A BOCA RATON FL 33431 Sults, Apt #, etc. City Lip Code 9. Pursuant to the provisions of Sections 608.416 and 508.608. Florids Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was suthorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE [Insignated Agent Accepting Aspositement)] (NOTE Prograted Agent signature regulated when residating) 10. Titlo Managing Members/Managers Business Street Address Chy, State and Zip Code APPROVED FOR PAYMENT PROJECT PROJECT APPROVED FOR PAYMENT PROJECT PROJECT PROJECT PROVED APPROVED FOR PAYMENT PROJECT PROJECT PROJECT APPROVED FOR PAYMENT PROJECT PROVED FOR PAYMENT PROJECT		7. N	lame and	Address of C	Current Re	alstere	d Agent		<u> </u>			egistered A	gent
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc. City Lip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered of gent, and accept the obligations. SIGNATURE (Registered Agent Accepting Asportment) (Registered Agent Accepting Asportment) (Registered Agent Accepting Asportment) (Registered Agent agriculture regulated when residualing) DATE 10. Title Managing Members/Managers Business Street Address City, State and Zip Code MRGM SMIGIEL, GARY 67 17TH AVE. SOUTH APPROVED FOR PAYMENT VENDOR APPROVED FOR PAYMENT VENDOR APPROVED 1. Ido hereby virity that the information supplied with this filling dose not quality for the exemption stated in Section 118.07(3)(i), Florida Statutes. Hunther certify that the Information Indicated on this Binual report is true and accurate and that my signature shall have the same legal effect as if made under colin, 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, Hunther certify that the Information Indicated on this Binual report is true and accurate and that my signature shall have the same legal effect as if made under colin, 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, Hunther certify that the Information Indicated on this Binual report is true and accurate and that my signature shall have the same legal effect as if made under colin, 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, and that my name appears in Block 10, or on an accurate and the same accurate and th									Name				
9. Pursuant to the provisions of Sections 608.416 and 608.508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered agent, and accept the obligations. SIGNATURE Purposered Agent Accepting Approximately (NOTE Registered Agent seguited Agent Section 1997) (NOTE Registered Agent seguited Agent Accepting Approximately (NOTE Registered Agent seguited Age	HANDLER, HENRY B 2255 GLADES RD. SUITE 218A BOCA RATON FL 33431							· · ·					
Its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE [Haigistered Agent Accepting Appointment] (NOTE Registered Agent equature required when reinstating) 10. Title Managing Members/Managers Business Street Address City, State and Zip Code MRGM SMIGIEL, GARY E7 17TH AVE. SOUTH LAKE WORTH FL SOUTH LAKE WORTH FL APPROVED FOR PAYMENT VENDOR APPRO													_
10. Title Managing Members/Managers Business Street Address City, State and Zip Code MRGM SMIGIEL, GARY 87 17TH AVE. SOUTH AKE WORTH FL APPROVED FOR PAYMENT FROJECT FROJEC	its register	ed office o	or registere	d agent, or bol	th, in the St	1 608.50 tate of F	08, Florida State Torida, Such cha	utes, the e ange was i	above-named limite authorized by affirm	ed liability company native vote of a majo	submits this stat rity of the membe	ement for th	e purpose of changing accept the appointment
10. Title Managing Members/Managers Business Street Address Crty, State and Zip Code MRGM SMIGIEL, GARY 87 17TH AVE. SOUTH LAKE WORTH FL APPROVED FOR PAYMENT VENDOR APPROVAS DATE 1. I do hereby cyrtify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the Information Indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.	SIGNATU	RE		Registered Acent A	Accepting Appro	ointment	(NOTE Requestered	Agent signate	re required when reinsts	lina)	DATE		
APPROVED FOR PAYMENT ROJECT VENDOR APPROVA AMOUNT 1. Ido hereby chily 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 annual 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 808, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.						(Internal Francisco				City, State and Zip Code			
11. I do hereby clyrify 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.	MRGM	M SMIGIEL, GARY 8				87 17T	H AVI	E. SOUTH	50	500 002 100 145 3 -02/27/97 01072 004 *****203.75 *****203.75			
indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.	^					APPROVAL	<i>-∏</i> 5 1∼97	AMOUNT 203	75	2.5			
	indicated o limited liab attachmen	on this and oility comp of with an	nual report cany or the address.	is true and ac	curate and	that m	v sionature she	li have the	same legal effect	as if made under ca	ith; that I am a mi tes; and that my I	anaging mer name appea	mber or manager of the irs in Block 10, or on an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

as 2/27