2001 UNIFORM BUSINESS REPORT (UBR)

000876 5 AF

DOCUMENT # L98000001071

1. Entity Name
MEGAPOP, L.C.

FILED
01 APR -5 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O KEITH MACK LLP 200 SOUTH BISCAYNE BOULEVARD. 20TH FLOOR MIAMI FL 33131-2310	C/O KEITH MACK LLP 200 SOUTH BISCAYNE BOULEVARD. 20TH FLOOR MIAMI FL 33131-2310

2. Principal Place of Business	3. Mailing Address
c/o Jan Carson Cheezem	c/o Jan Carson Cheezem
Suite, Apt. #, etc.: 201 S. Biscayne Blvd.	Suite, Apt. #, etc.: 201 S. Biscayne Blvd.
City & State: Suite 850 Miami, Fl	City & State: Suite 850 Miami, Fl
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. FEI Number 65-0883110 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSSZ FIU CORPORATION 200 SOUTH BISCAYNE BOULEVARD, 20TH FLOOR MIAMI FL 33131-2310	Name: Rossz Fiu Corporation (address change only) Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd. Suite 850 City: Miami FL Zip Code: 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.

SIGNATURE: Rossz Fiu Corporation By: Jan Carson Cheezem, Pres. 3/20/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ, MARIA E 200 SOUTH BISCAYNE BOULEVARD, 20TH FLOOR MIAMI FL 33131-2310 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR address change only Maria E. Lopez 201 S. Biscayne Blvd. Suite 850 Miami, Fl 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000004009650--5 -04/16/01--01022--017 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ME Lopez, Manager 3/27/01 305 371 4536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (11/00)