2000 UNIFORM BUSINESS REPORT (UBR) APPROVED L99000001995 DOCUMENT # 1. Entity Name EISENWORLD, L.C. 00 APR 18 PM 1:52 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 19225 EAST ANDREWS DRIVE 19225 EAST ANDREWS DRIVE MIAMI FL 33015 MIAMI FL 33015 2. Principal Place of Business 3. Mailing Address 19225 EAST ANDREW ANDREWS MARS EAST Suite, Apt. #, etc. Suite, Apt. #, etc. DRIVE DO NOT WRITE IN THIS SPACE DEIVE MWM 4. FEI Number Applied For City & State City & State -65-0909912 Not Applicable MIAM MIAMI Country Country \$5.00 Additional Zip Zip 5. Certificate of Status Desired 33015 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GROSSMAN, MARK D ESQUIRE Street Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DR., SUITE 100 MIAMI FL 33126 Zip Code 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) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. MCR MGR TITLE Delete HON RICKSON, DAVID BLMF

Change Addition HENRICKSON, DAVID NAME ST. ANDREWS DRIVE 19225 EAST 19225 EAST ANDREWS DRIVE STREET ADDRESS STREET ADDRESS MIAMI FL 33015 CITY- ST-ZIP CITY-SY-ZIP mi Ami MCR **MGR** ☐ Delete TITLE ПП eison, ei ko MAME MAME eisen, eiko MADS EAST STREET ADDRESS STREET ADDRESS 19225 EAST ANDREWS DRIVE CITY-ST-ZIP MIAMI FL 33015 CITY - \$1 - 21F Channe Addition Oederbe TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS 700003228867-CITY-ST-ZIP CITY-ST-ZIP ·04/28/00~~01865= Delete TITLE TITLE *****50.00 *****50.00 NAME MAME STREET ADDRESS STRFFY ADDRESS CITY - 27 - 719 CITY-\$1-719 ☐ Change Addition Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY- 21-71F Change Addition (Celete TITLE TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY- 27-71P CITY- ST- ZIF

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/99