2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # M03000000929 04 MAY 21 PM 4: 11 GLOBAL MARKETING SERVICES, LLC ORGAL TARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address MJH 7300 BISCAYNE BLVD. 7300 BISCAYNE BLVD. SUIT # 305 SUIT # 305 SUNNY ISLES BEACH, FL 33160 MIAMI, FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number 57-11,40367 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VARDAR, UMUT Street Address (P.O. Box Number is Not Acceptable) 100 KINGS POINT DRIVE APT. #901 SUNNY ISLES BEACH, FL 33160 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Amended AR Is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. MGRM TITLE ☐ Delete TITLE VARDAR, UMUT NAME NAME 7300 BISCAYNE BLVD. SUIT # 305 STREET ADDRESS STREET ADORESS CITY-ST-ZIP MIAMI, FL 33138 CITY-ST-ZIP KOYUNCU, HAKAH (MGRM) [Change TITI F Addition ☐ Delete TITLE NAME NAME 7300 BISCAMME BLVD., STE 305 STREET ADDRESS STREET ADDRESS MIAMI , CL 33138 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that by signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the 11. I hereby certify that the information surplied indicated on this report is true and acquiret to the granture shall have the same legal effect as if made under oath; that I am a managing member or manager of the property of the execute this report as required by Chapter 608, Florida Statutes. limited liability company or the receive 4/30/04 SIGNATURE: SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # SIGNATURE AND TYPED OR

FILED