## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M19835

FILED Apr 29, 2009 Secretary of State

| Entity Name: ARD DISTRIBUTORS, INC.  |   |                              |   |   |  |
|--|---|------------------------------|---|---|--|
| Current Principal Place of Business:   |   |                              | New Principal Place                         | New Principal Place of Business:                                |  |
| 1600 NW 1<br>MIAMI, FL   |   |                              |   |   |  |
| Current Mailing Address:   |   |                              | New Mailing Addres                          | New Mailing Address:  |  |
| 1600 NW 1<br>MIAMI, FL   |   |                              |   |   |  |
| FEI Number:  | 59-2573425  | FEI Number Applied For ( )   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )                               |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent:  |   |                              |   |   |  |
| BARTHET, PATRICK C<br>200 SOUTH BISCAYNE BLVD.<br>SUITE 1800<br>MIAMI, FL 33131 US   |   |                              | 1600 NW 159 STREE                           | CHARLES M ASARNOW<br>1600 NW 159 STREET<br>MIAMI, FL 33169MA US |  |
| 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: MARY GAYNAIR  |   |                              |   | 04/29/2009  |  |
|  |   | Signature of Registered Ager | t   | Date  |  |
| Election Campaign Financing Trust Fund Contribution ( ).   |   |                              |   |   |  |
| OFFICERS AND DIRECTORS:  |   |                              | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                    |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | PD () E<br>MAIR, BRIAN F.<br>1600 NW 159TH<br>MIAMI, FL | ST.                          | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | VSD () E<br>ASARNOW, CHAI<br>1600 NW 159TH<br>MIAMI, FL |                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition   |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES M ASARNOW VSD 04/29/2009