# 2007 FOR PROFIT CORPORATION

FILED
2007 SEP 21 PM 5:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M49543

1. Entity Name
TWINJAY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1000 BRICKELL AVE<br>910<br>MIAMI, FL 33131 US | 1000 BRICKELL AVE<br>910<br>MIAMI, FL 33131 US |

09202007 REIN-P CR2E098 (1/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 800 Brickell Avenue | 800 Brickell Avenue |
| Suite, Apt. #, etc.: Suite 1111 | Suite, Apt. #, etc.: Suite 1111 |
| City & State: Miami, Florida | City & State: Miami, Florida |
| Zip: 33131 Country: USA | Zip: 33131 Country: USA |

4. FEI Number: 59-2786405 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SCHOTTENSTEIN, JEFFREY M.<br>800 BRICKEL AVE<br>SUITE 1111<br>MIAMI, FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ 9/20/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $750.00**
**After January 1, 2008, Fee will be $900.00**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>SCHOTTENSTEIN, JEFF<br>800 BRICKS AVE, STE 1111<br>MIAMI, FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>900110255269<br>10/04/07--01016--017 **750.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>ABRAMS, A. JEFFREY<br>1989 CAMARO AVE. SUITE B<br>COLUMBUS, OH | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>JONES, JOHN A.<br>1000 BRICKELL AVE, SUITE 910<br>MIAMI, FL 33131 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>JONES, JOHN A<br>800 BRICKELL AVE. SUITE 411<br>MIAMI, FL 33131 | ☐ 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 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE: _____ 9/20/07 371-2824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #