May 12, 2002 8:00 am 8 Secretary of State 📨 2002 UNIFORM BUSINESS REPORT (UBR) M55288 DOCUMENT # 1. Entity Name F B & A ADVERTISING, INC. 05-12-2002 90559 012 ***150.00 Principal Place of Business Mailing Address 6361 SUNSET DR. 6361 SUNSET DR. S. MIAMI FL 33143 S. MIAMI FL 33143 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2824410 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6:- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUITE 2B BIRD, INC. Street Address (P.O. Box Number is Not Acceptable) 6262 BIRD RD, SUITE 2B **MIAMI FL 33155** Zip Code 8.24The 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) -FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition FERNANDEZ, JOSE L. NAME NAME STREET ADDRESS 116 ALHAMBRA CIRCLE STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP". CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 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 empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

19/02 305 668-2878
Davime Phone #

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

other like empowered.

of the corporation or the receiver or trustee empew-changed, or on an attachment was an iddress, with