FILED Jul 16, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) Secrétary of State M70050 DOCUMENT # 05-28-2002 91773 033 ***150.00 1, Entity Name G & S ADVERTISING, INC. Mailing Address 38719 Principal Place of Business P.O. BOX 292037 6081 SW 30TH COURT DAVIE FL 33329 FT. LAUDERDALE FL 33314 IIS 2. Principal Place of Business 3. Mailing Address 60 Ave 3000 SW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0037909 Not Applicable DAUIC \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required U.S. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PORTLEY, PETER A. 2211 E. SAMPLE ROAD #204 LIGHTHOUSE POINT FL 33066 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. (NOTE: Registered Agent signigure required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Flection Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Delete TITI E TITLE FORMAN, CHRISTINE NAME FORMAN, CHRISTIE NAME STREET ADDRESS STREET ADDRESS 888 SE 3RD AVE, SUITE 501 CITY-ST-ZIP FT LAUDERDALE FL CITY - ST - ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME FLUTIE, GLENN NAME STREET ADDRESS 300 S PINE ISL RD #105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Change Addition Delete TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME HREET ADDRESS STREET ADDRESS CITY-S CITY-ST-ZIP ot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information a and that my signature shall have the same legal effect as if made under oath; that I am an officer or director in the control of the control 13. I hereby certify that the information supplied with this fill indicated on this report of supplemental report is true a of the corporation or the report of protrustee improvement.

Daytime Phone #