FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 28, 2001 8:00 am Secretary of State **DOCUMENT # M98396** 1. Entity Name ZOETIC, INC. 04-28-2001 90066 011 \*\*\*150.00 Principal Place of Business Mailing Address 4875 N. FEDERAL HWY 4875 N. FEDERAL HWY 7TH FLOOR 7TH FLOOR FT LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 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 65-0068760 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENBERG, ARTHUR R Street Address (P.O. Box Number is Not Acceptable) 4875 N FEDERAL HWY 7TH FL FT LAUDERDALE FL 33308 City 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. 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, 2001 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 ☐ Delete TITLE Change ☐ Addition TITLE IRWIN, EDWARD J. NAME NAME 4875 N. FEDERAL HWY 7TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE BRODERHAUSEN, BETH NAME NAME 4875 N. FEDERAL HWY 7TH FLOOR STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-7IP TIT! F TITLE \_ Change Addition ROSENBERG, ARTHUR R NAME NAME STREET ADDRESS 4875 N FEDERAL HWY 7TH FL STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 of 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 tipe receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an adapters, with all other like empowered.

SIGNATURE:

ESIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 954-772-5/57