CR2E083 (9/99)

1. Entity Nam	MENT #	M9900	0000905							
SURF VIS	TA LLC					FIL	_ED			
						OO MAR I	2 PM	1: 51		
·	e of Business		Mailing Address	. .						
89 FIFTH AVENUE. 11TH FL NEW YORK NY 10003			89 FIFTH AVENUE, 11TH FL NEW YORK NY 10003-3020			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal P	: Nace of Business		3. Mailing Address							
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			DO NOT WRITE I	IN THIS SPA	.CE	,	
City & State			City & State		4. FEI Number	13-4054649		-+	plied For	
Zip	Coul	ntry	Zip	Country	5. Certificate of			.00 Add		
6. Name and Address of Current Registered Agent				1.	Fee Required 7. Name and Address of New Registered Agent					
	o, name and s	20.000 01 00	togroterou Agorit	Name					_	
MARK, MATTHEW				Street Addre	ess (P.O. Box Number is	Not Acceptable)		<u> </u>		
18001 COLLINS AVE. SUNNY ISLES FL 33160					···	·				
		: '		City		<u>-</u>	FL	Zip Code	 e	
		/	the state of the s							
8. The above	named entity submi	ts this statement for	the purpose of changing it	is registered office or regi	istered agent, or both, i	n the State of Florid	a.	_		
	named entity submi	ts this statement for	the purpose of changing it	ls registered office or regi	istered agent, or both, i	n the State of Florid	a.	_		
8. The above	named entity submi			Is registered office or region of the state		n the State of Florid	DATE			
			nd title if applicable. (NO		quired when reinstating)	n the State of Florid		<u>-</u>		
	Signature, typed or printed		nd title if applicable. (NO FILE N	TE: Registered Agent signature rec	quired when reinstating)	n the State of Florid ADDITIONS/CH	DATE			
SIGNATURE . 9. TITLE NAME	Signature, typed or printed MGRM DEZER, MICHAE	name of registered agent a MANAGING MEMBE	nd title if applicable. (NO FILE N	PTE: Registered Agent signature rec	quired when reinstating)		DATE) Change	Additte	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed MGRM DEZER, MICHAE 89 FIFTH AVENU NEW YORK NY	name of registered agent a MANAGING MEMBE L JE, 11TH FL	Make Check P	IOW!!! FEE IS \$50.0 ayable to Departmen 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	quired when reinstating)		DATE HANGES		Addition	
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4600 Date

SIGNATURE:

SICULOWNE RECONSTRUCTION SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #