APPROVED

2000 UNIFORM BUSINESS REPORT (UBR)

AND DOCUMENT # M9900001030 00 MAY -3 AM 10: 04 1. Entity Name IVIEWIT LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 500 S.E. MIZNER BOULEVARD, SUITE 102 500 S.E. MIZNER BOULEVARD, SUITE 102 **BOCA RATON FL 33432 BOCA RATON FL 33432-6080** 2. Principal Place of Business 3. Mailing Address 2255 Glades Rdi 2255 Glades Rdi Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite_ Svite 337 W City & State 4. FEI Number Applied For City & State 65-0928187 BOCA RATON, FL Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required ÙS'A' 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. MER Change Addition TITLE MGR | Delete TITLE BERNSTEIN, ELIOT 1 NAME BERNSTEIN, ELIOT I NAME 2255 Glades Rd, Suite 3370 STREET ADDRESS 500 S.E. MIZNER BOULEVARD, SUITE 102 STREET ADDRESS Boca Ration, FL 33431 CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP Addition ☐ Deleta TITLE TITLE BERNSTEIN, SIMON L MAME NAME BERNSTEIN, SIMON L 2255 Glades Rol, Suite 3371W STREET ADDRESS STREET ADDRESS 500 S.E. MIZNER BOULEVARD, SUITE 102 CITY- ST- 7IP CITY- 81- 2(P Boca Raton, FL 33431 **BOCA RATON FL 33432** Deteta - Change TITLE TITI F NAME MAME utletibeirio c STREET ADDRESS STREET ADDRESS CITY- ST- 7tP CITY-ST-ZIP Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-8T-ZIP ****50.00 TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY-8T-ZIP Addition | TITLE ☐ Delete TITE Change MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. 71P hereby certify that the information supplied with this filing 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CR2E083 (9/99)

Daytime Phone #

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