2000 UNIFORM BUSINESS REPORT (UBR) FILED May 26, 2000 8:00 am Secretary of State **DOCUMENT # N16663** 1. Entity Name LIVING HISTORY, INC. 05-26-2000 90128 031 ****66.25 Principal Place of Business Mailing Address 712 NE 15TH ST 801 NW 57TH ST. FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33304-1143 US 3. Mailing Address 2. Principal Place of Business SUNRISP 350 E SUNRISC 350 E DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0057599 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent WH Box Number is Not WHITE, SEAN 3930 N 56TH AVE #410 HOLLYWOOD FL 33021 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE DWARD West TITLE NAME NAME CASE, WILLIAM J IV PRESIDENT CR2E037 STREET ADDRESS 025 RIVERSIAE DR. #105 ORAL SPRINGS PL 33071 STREET ADDRESS 2716 NE 30TH PL #4 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33306 VICE PRESIDENT TITLE Change ☐ Addition Delete TITLE WRIGHT, ROBERT NAME NAME ANTHONY PUCCIO STREET ADDRESS STREET ADDRESS 712 NE 15TH ST #3 220 N.W AIST FT LAND CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33304 Change ☐ Addition Delete TITLE TITLE **BROWN, SUZANNE** NAME 3930 N. 56 THAVE HAD NAME STREET ADDRESS 2018 FUNSTON ST STREET ADDRESS HOLLYWOOD, Pl. 23021 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 TREASURER ☐ Change Addition SD TITLE Delete TITLE MARIO CRUZ **BUCKI, RHONDA** NAME 5601 LAGOON BC. STREET ADDRESS STREET ADDRESS 2628 RIVERSIDE DR PT. GAVA PL. 333/2 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 DIRECTOR TITLE Change Change ☐ Addition ☐ Delete TITLE ELIF MAYNOR NAME CRUZ, MARIO NAME 3385 N.W 79 AVE STREET ADDRESS STREET ADDRESS 5601 LAGOON DR ·GITT-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 Change Addition TITLE Delete TITLE

12. I 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 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANIO CRUZ TRASURAN

S/6/2000