2002 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N9800004361 Mar 27, 2002 8:00 am 1. Entity Name Secretary of State THE SIMPLY JEWISH FELLOWSHIP, INC. 03-27-2002 90030 048 ****61.25 Principal Place of Business Mailing Address 2001 S BARRINGTON AVENUE 2001 S BARRINGTON AVENUE LOS ANGELES CA 90025 LOS ANGELES CA 90025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0853002 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Kobert SHAPIRO, RICHARD M (P.O. Box Number is Not Acceptable 10305 SW 130 COURT MIAMI FL 33186 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. 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition ☐ Delete TITLE ☐ Change SHAPIRO, RICHARD M NAME NAME 2001 S BARRINGTON AVENUE, #106 STREET ADDRESS STREET ADDRESS LOS ANGELES CA 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F DEBORAH ☐ Change ☐ Addition FLANKAN FLANIGAN, DEBORAH NAME 8569 BURTON WAY, APT NAME 409 10305 SW 130 COURT STREET ADDRESS STREET ADDRESS LA Car MIAMI FL 33186 CITY-ST-ZIP CITY - ST- 7IP TITLE ---- 🖅 Delete - 🕞 TITLE -☐ Change ☐ Addition - en . e -RACHLIN, ROBERT NAME NAME 11120 N KENDALL DR STE 201 STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE ■ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 impowered 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 actions, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SANING OFFICER OR DIRECTO

3/13/02

310 577 4871

Daytime Phone #