## May 19, 2002 8:00 am & Secretary of State FILED 2002 UNIFORM BUSINESS REPORT (UBR) P00000001190 DOCUMENT # 1. Entity Name 05-19-2002 90212 005 \*\*\*150 00 BROWARD CLASSIFIEDS.COM INC. Principal Place of Business Mailing Address 13730 STATE ROAD 84. PMB 342 13730 STATE ROAD 84, PMB 342 DAVIE FL 33325-5304 DAVIE FL 33325-5304 2. Principal Place of Business, 3. Mailing Address 13660 State Rd 84 13660 State Rd Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FÉI Number APPLIED FOR 65-0982621 Davie Davie Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEIDNER, LEIGH F Street Address (P.O. Box Number is Not Acceptable) 13660 STATE ROAD 84 DAVIE FL 33325 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE POGREBETSKIY, YEVGENIY NAME NAME 14964 SW 51 STREET STREET ADDRESS STREET ADDRESS DAVIE FL 33331 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE POGREBETSKIY, DMITRY NAME NAME STREET ADDRESS 14964 SW 51 STREET STREET ADDRESS CITY-ST-ZIP **DAVIE FL 33331** CITY-ST-ZIP ☐ Change □ Addition-TITLE -- □ Delete ---TITLE. 1000 B 440 W SEIDNER, LEIGH F NAME NAME STREET ADDRESS 640 SW 158 LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33326-2106

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPES OF PEHITED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Delete

Change

☐ Change

☐ Addition

☐ Addition

Addition