FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P0000002640 ECHO INTERNATIONAL ENTERPRISÉS CORPORATION 04-28-2001 90019 008 ***158.75 Principal Place of Business Mailing Address 3373 NW 47TH AVE. 3373 NW 47TH AVE. COCONUT GROVE FL 33063 COCONUT GROVE FL 33063 751293 2. Principal Place of Business 3. Mailing Address NW 47th are 3373 NW 47th Ave 3373 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For au_{1} COCONUT CREEK CREEK FL COCONUT Not Applicable Broward Zip Country \$8.75 Additional 5. Certificate of Status Desired Broward 33063 33063 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EMINE D. MALONE MALONE, EMINE E Street Address (P.O. Box Number is Not Acceptable) 3373 N.W 47th Ave. 3373 NW 47TH AVE. COCONUT GROVE FL 33063 COCOMUT 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 4-20-200 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Addition TITLE Delete TITLE ☐ Change EMINE. D. MALONE NAME NAME 3373 N.W 474 are STREET ADDRESS STREET ADDRESS (occonut Creek FL33063 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ---Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP C!TY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

EMINE: D. Malone