

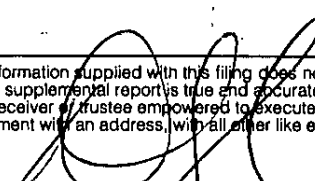


FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000004702 1. Entity Name LIZMINT, INC.				Secretary of State	
Principal Place of Business 1940 HARRISON STREET 3RD FLOOR HOLLYWOOD, FL 33020		Mailing Address 1930 HARRISON ST #503 HOLLYWOOD, FL 33020			
<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>					
					
				02142008 No Chg-P CR2E034 (11/05)	
				4. FEI Number 65-0979967	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
LEVY, JOE 1930 HARRISON ST #503 HOLLYWOOD, FL 33020					
<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"><div>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</div><div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div></div>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D MINTZ, JERRY 1930 HARRISON ST #503 HOLLYWOOD, FL 33020			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D LEVY, JOE 1930 HARRISON ST #503 HOLLYWOOD, FL 33020			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  agent D. Segal 2/27/08 934-2					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					