> 2001 UNIFORM BUSINESS REPORT (UBR) May 14, 2001 8:00 am DOCUMENT # P000000 553 1 Secretary of State 05-14-2001 90248 022 ***150.00 Referencematters, Inc. Principal Place of Business P.O.BOX 740202 6276 Lansdame Circle Boynton Beach, FL 33474-0208 Bourton Boach, FL 33437 A0065930 P.O. Box 740202 2. Principal Place of Business Circle 6276 lansdowne __Cuite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Boynton Beach, FL Oynton Beach, FL 122 65-098 663 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Spiegel + Utrera, P.A. Street Address (P.O, Box Number is Not Acceptable) 343 Almeria Avenue ansdowne Coral Galles, FL 33134 Zip Code 8. The above named entity symmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FFE IS \$150 00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of Stat OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (11/00) President ☐ Addition ☐ Change TITLE TID E NAME Allen Bornstein NAME STREET ADDRESS STREET ADDRESS on Beach, FL 33437 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADVORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition MALKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Detete IIILE ☐ Change ☐ Addition HAME 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 changed, or on an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: