2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008504 ENCORE DESIGN & DEVELOPMENT CORP. 04-17-2001 90058 023 ***150.00 Principal Place of Business Mailing Address 333 NE 24TH STREET 333 NE 24TH STREET **BOCA RATON FL 33431** BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$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 Name DRAGO, JAMES P JR. Street Address (P.O. Box Number is Not Acceptable) 333 NE 24TH STREET **BOCA RATON FL 33431** City Zio Code 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 life if applicable. DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRES LEO & DIRECTOR CR2E034 (10/00) TITLE TITLE ☐ Delete JAKES P. DEAGO JR NAME NAME 333 NE ZY ESTRICET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, EL 33431 VICE PREDIDENT & DIRECTOR | Change DENISE CLEGHORN 624 JAECEP DR TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS DEL CAY BEACH CITY-ST-7IP CITY-ST-ZIE TITLE TITLE SECRETARY Change **Addition** Delete DONALD BRUMLIK NAME NAME 735 ST ALBAYS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA PATON CITY-ST-71P 33486 FL Change 7MLE Delete TITLE **X** Addition P. DRAGOSR NAME NAME 333 NE STREET ADDRESS STREET ADDRESS 244 STREET CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Delete TITLE ☐ Addition NAME MAME 3 . 1 W. 1 . 12 E STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 turther 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. 561-361-7161 SIGNATURE:

4/17

May 17, 2001 8:00 am Secretary of State