2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P0000018125 1. Entity Name ECS WEB. INC. 04-24-2001 90284 031 ***150.00 Mailing Address Principal Place of Business 10461 GOLDEN EAGLE COURT 10481 GOLDEN EAGLE COURT PLANTATION FL 33324 PLANTATION FL 33324 3. Mailing Address 2. Principal Place of Business 10781 CLEARY BLUD 10781 CLEARY BLUD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65 0984197 FL LANTATION Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TELLER, STUART A ESQ Street Address (P.O. Box Number is Not Acceptable) 7320 GRIFFIN ROAD SUITE 216 DAVIE FL 33314 Zip 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 DATE 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, 2001 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 12. 11. ☐ Addition **PSTD** Change ☐ Delete TITLE TITLE SCHWARTZ, ETHAN NAME 10781 CLEARY BLUD #310 STREET ADDRESS 10461 GOLDEN EAGLE COURT STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP PLANTATION FL 33324 Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE, NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ Delete TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 a price of the corporation of the receiver of trustee empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

954 424 8245

CR2E034 (10/00

Daytime Phone #