2001 UNIFORM BUSINESS REPORT (UBR) Apr 14, 2001 8:00 am Secretary of State **DOCUMENT # P00000021693** 1. Entity Name SHALOM ADVERTISING CORPORATION 04-14-2001 90012 011 ***150.00 Mailing Address Principal Place of Business 1672 W. HILLSBORO BLVD., PMB 127 1672 W. HILLSBORO BLVD., PMB 127 DEERFIELD BEACH FL 33342 DEERFIELD BEACH FL 33342 2. Principal Place of Business 1728 1 VNIVERSITY OR 3. Mailing Address UniversiTY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YUDENFREUND, DAVID CPA 800 JEFFERY ST., STE. 409 **BOCA RATON FL 33487** 8. The above named entity submits this statement for the purpose of shanging its registered office or registered agent, or both, in the State of Florida. count and title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of rea 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 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 5313/011115 AVE #212 CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition