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13/31/01 /564-8816

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P00000026987 BRAUSER ENTERPRISES VI. INC. 04-02-2001 90284 007 ***150.00 Principal Place of Business Mailing Address 2101 N. ANDREWS AVE., #206 2101 N. ANDREWS AVE., #206 WILTON MANORS FL 33311 WILTON MANORS FL 33311 00039794 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 Żip Country Zip 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 FEINBERG, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD., SUITE 350 HOLLYWOOD FL 33021 Zip Code City FI 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Piesident ice CR2E034 (10/00) TITI F TITLE ☐ Delete Kevan Flening Aver 206 BRAUSER, MICHAEL NAME NAME STREET ADORESS 2101 N. ANDREWS AVE., #206 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WILTON MANORS FL 33311 Wilton MAHOIS, Fl. TITLE ☐ Delete TITLE Change ■ Addition BRAUSER, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 2101 N. ANDREWS AVE., #206 CITY-ST-7IP CITY-ST-ZIP WILTON MANORS FL 33311 ☐ Change Addition TITLE ☐ Delete TITLE BRAUSER, JOEL NAME NAME STREET ADDRESS 2101 N. ANDREWS AVE., #206 STREET ADDRESS CITY-ST-7IP WILTON MANORS FL 33311 CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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.

ICEN OR DIRECTOR