2001 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # P0000032320 SCINTILLATE, INC. 05-04-2001 90132 016 ***158.75 Principal Place of Business Mailing Address 2040 NE 155TH STREET 2040 NE 155TH STREET NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162 Principal Place of Business 3. Mailing Address 15455 W.Dixie HWY. 15455 W. Dixie DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Unit 4. FEI Number Applied For City & State City & State 65-1002924 MiamiBeach Miami Beech Not Applicable 02+h \$8.75 Additional 5. Certificate of Status Desired 33162 33162 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KARAPETYAN, VADIM **2040 NE 155TH STREET** NORTH MIAMI BEACH FL 33162 Beach 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. 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITI F KARAPETYAN, VADIM NAME NAME STREET ADDRESS 2040 NE 155TH STREET STREET ADDRESS CITY-ST-7IP Miami Beach FL 33/62 CITY ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Addition Change TITLE X Delete TITLE NAME TOURACHEV, ANDREY NAME STREET ADDRESS STREET ADDRESS 2040 NE 155TH STREET CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Addition ☐ Change Delete TITLE TITLE NAME MKHITARYAN, RAFIK NAME STREET ADDRESS STREET ADDRESS 2040 NE 155TH STREET CITY-ST-7IP CITY-ST-7IP NORTH MIAMI BEACH FL 33162 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP Change ☐ Delete THTLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY ST-ZIP

kkpla

Vadiu Karapetyan

petyon 04/24/01 305 7870446

Daytime Phone #