2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am § Secretary of State DOCUMENT # P00000036625 1. Entity Name 05-13-2002 90069 031 ***150.00 BLACKSTONE ISP, INC. Principal Place of Business Mailing Address 11600 N.W. 34TH STREET 11600 N.W. 34TH STREET MIAMI FL 33178 **MIAMI FL 33178** 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 65-1000138 Not Applicable Zip Country 3 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 FINK, BRIAN L Street Address (P.O. Box Number is Not Acceptable) 1700 ALFRED I. DUPONT BUILDING **169 EAST FLAGLER STREET** MIAMI FL 33131 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** ☐ Delete TITLE ☐ Channe ☐ Addition NAME arias, luis a NAME STREET ADDRESS 11600 N.W. 34TH STREET STREET ADDRESS CITY-ST-7IP MIAMI FL 33178 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change -Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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 trusted 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: △

NAME

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR