2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 28, 2002 8:00 am Secretary of State P00000041273 DOCUMENT # 1. Entity Name 05-28-2002 91773 026 ***150.00 ONEBIN.COM, INC. Mailing Address Principal Place of Business 3000 SW 60TH AVE 3000 SW 60TH AVE DAVIE FL 33314 DAVIE FL 33314 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-1010363 City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TRUMBACH, ANDREW 3000 SW 60TH AVE **DAVIE FL 33314** Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS ☐ Addition 11. Change TITLE □ Delete **PCFO** NAME TRUMBACH, ANDREW NAME STREET ADDRESS STREET ADDRESS 3000 SW 60 AVE CITY-ST-ZIP **DAVIE FL 33314** CIT/J-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete CE₀ TITLE NAME SINGH, MICHAEL NAME STREET ADDRESS STREET ADDRESS 3000 SW 60 AVE CITY-ST-ZIP DAVIE FL 33314 CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete

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 an powered 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

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CICNATURE

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/2/02 Di

Daytime Phone #

☐ Change

☐ Addition