FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

Jul 20, 2001 8:00 am Secretary of State P00000041709 DOCUMENT # 1. Entity Name 07-20-2001 90005 050 ***150 00 PRO SIGNS, INC. Principal Place of Business Mailing Address 15811 S.W. 42ND TERRACE 15811 S.W. 42ND TERRACE MIAMI FL 33185 MIAMI FL 33185 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Country 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 SNYDER, OLGA A Street Address (P.O. Box Number is Not Acceptable) 15811 S.W. 42ND TERRACE **MIAMI FL 33185** City 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 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. ☐ Delete TITLE CR2E034 (5/01 TITLE Stephen R. Snyder NAME _ NAME 15811 SW 42 terrace STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP V.P. , Fransure. ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Pro Signs, Inc.

15811 SW 42 Terrace Miami, Fl. 33185 (305) 480-0534 attechment Off POWWW4 1709 AUV 78751

July 16, 2001

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, Fl. 32302-1500

Dear Sir or Madam:

As_per_my_conversation_with_your_office,_l.am_forwarding.a-duplicate_UBR.__The UBR I sent in April. _ seems to have been lost in transit. I have contacted my bank, and the check I sent was never cashed.

I have enclosed a new check in the amount of \$150.00 as instructed. Please don't hesitate to contact me should there be any questions.

Sincerely,

Stephen R. Snyder President, Pro Signs, Inc.

April 18 Sept. 18 Sep