FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 18, 2001 8:00 am Secretary of State DOCUMENT # P0000053658 DISH WAREHOUSE, INC. 04-18-2001 90019 006 ***150.00 Principal Place of Business Mailing Address 2932 PRAIRIE AVE 2932 PRAIRIE AVE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address 1.750-14-12 Suite, Apt. #, etc. 20-ETENN DISHWARE HOUSE THE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Building City & State Applied For Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORDON, BERNARD Street Address (P.O. Box Number is Not Acceptable) 2932 PRAIRIE AVE MIAMI BEACH FL 33140 Zip Code FL statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE 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 \$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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE= Change ☐ Addition Delete TITLE GORDON, BERNARD NAME NAME 2932 PRAIRIE AVE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Delete TITLE Change Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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 in changed, or on an attachment with a yaddress, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

BERNARE GORDON

SATERIAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-0

652-3474 Daytime Phone #