FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2002 8:00 am § Secretary of State P00000069661 DOCUMENT # 1. Entity Name REEL PALS, INC. 04-18-2002 90459 008 ***150.00 Principal Place of Business Mailing Address 2900 UNIVERSITY DR., SUITE 78 2900 UNIVERSITY DR., SUITE 78 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address 305% 11420 NW 30 ST-11420 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For CORDE SPRINGS. 65-1027080 CORDE SPRINGS IFL. Not Applicable 33065 \$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 KALLERES, MICHAEL G Street Address (P.O. Box Number is Not Acceptable) 2900 UNIVERSITY DR., SUITE 78 11420 NW 30 ST. **CORAL SPRINGS FL 33065** this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 1-7-02 ATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 s corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 ax 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. TITLE ☐ Delete TITLE CR2E034 (9/01 KALLERES, MICHAEL G 11420 NW 30 17 NAME |2900 UNIVERSITY DR., SUITE 78 STREET ADDRESS STREET ADDRESS CORDE SPRINSS, FL. 33065 Addition CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 385 LAMANCHA AVE. ROYAL PALM BEACH, FL. 33411 3951 NW 25WBY NAME CUMBEE, RONALD NAME 2900 UNIVERSITY DR., SUITE 78 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP - Delete TITLE TITLE 7:- --JEFFERSON, JOHN NAME NAME 2900 UNIVERSITY DR., SUITE 78 STREET ADDRESS STREET ADDRESS BOCK LATON, FL. 33434 CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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 supplier ental 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 of 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 appears with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02

345-9248

Daytime Phone #