2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 27, 2003 8:00 am & Secretary of State P00000070481 DOCUMENT # 05-27-2003 90169 012 ***550.00 1. Entity Name MY TIM CO. Principal Place of Business Mailing Address 400 SOUTH 62ND TERRACE 400 SOUTH 62ND TERRACE HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1027853 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent nberJ SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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. I am familiar with, and accept the obligations of registeres ted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition GOODALL, ROBERT-J NAME NAME 400 SOUTH 62ND TERRACE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33023 CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition GOODALL, WATTHANA M NAME STREET ADDRESS 400 SOUTH 62ND TERRACE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 CITY-ST-ZIP TITLE ☐ Delete TITI E ☐ Change ☐ Addition NAME CHANTRA, PARIWAT NAME STREET ADDRESS 371 M 2 A PRACHANTAKAM R STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PRACHINBURI, THAILAND 25-1307 TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME

12. 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 10 or Block 11 if changed, or on an attachment in address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

CHE REQUIR

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZiP

SIGNATURE: