FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am DOCUMENT # 20000011210 Secretary of State Speedy Printing. com, Inc aba 05-22-2001 90055 046 ***150.00 Carbonks SonTy com Principal Place of Business Mailing Address #8-22,12850 SR84 Davie, FL 33325 770605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable ZΙρ 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 Nama Brian R Pacetti II Street Address (P.O. Box Number is Not Acceptable) \$8-22, 12850 SR84 Davie, FC 33325 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 Signeture, typed or printed name of registered agent and title if applicable, (NOTE: Recistered Agent signature required when reinstating) DATE FRIE E NOWING FEE, 18) \$ 150,000. After: MAY 1, 2001 (Fee, Will) 50 \$ 550,000. 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. ake Check Payable to Department of St (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 · 🗔 Delete _ Change Addition TITLE ΠħF reside Brian R Pacettill #8-22, 12850 SR8 NAME: " NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Delete ☐ Change ■ Addition MI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP TILLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE . Delete NAME NAME. 17. 17. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ~ CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian Reacetti II sliloi