FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am Secretary of State P00000074759 **DOCUMENT #** 1. Entity Name 05-15-2002 90034 018 ***150.00 USA #1 CONSIGN & LOAN, INC. Mailing Address Principal Place of Business 2718 W. OAKLAND PL. BLVD 2718 W. OAKLAND PL. BLVD FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-1039071 City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Country Fee Required Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) COBB, ROBERT E 4530 N. FEDERAL HWY FORT LAUDERDALE FL 33308 Zip Code FL City 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. DATE (NOTE: Registered Agent signature required when reinstating) SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11, ☐ Addition CR2E034 (9/01) Change ☐ Delete TITLE **PSD** TITLE NAME COURTNEY, LARRY NAME STREET ADDRESS 2718 W. OAKLAND PL. BLVD TREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33311 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete ÇTITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP* CITY-ST-ZIP = Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS PITY-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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 17 or Blog 12 if CITY-ST-ZIP changed, or on an attachment with an address

1.62

NATURE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE: