2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 06, 2001 08:00 AM DOCUMENT # P0000080859 1. Entity Name **Secretary of State** ASPIRE PHARMACETUICALS, INC. Principal Place of Business Mailing Address 4001 SOUTHWEST 47 TH AVE 4001 SOUTHWEST 47 TH AVE FT LAUDERDALE FL FT LAUDERDALE FL33314 33314 2. Principal Place of Business 3. Mailing Address 4955 ORANGE DRIVE 4955 ORANGE DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ATTN: A. LICHTER City & State City & State 4. FEI Number Applied For FL DAVIE DAVIE FL. 65-1036223 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33314 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LODIN SCOTT LODIN 4001 SOUTHWEST 47 TH AVE Street Address (P.O. Box Number is Not Acceptable) 4955 ORANGE DRIVE FT LAUDERDALE FL33314 City Zip Code DAVIE 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. SCOTT LODIN 04/06/2001 Signature, typed or printed name of registered agent 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 After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE VP X Addition ☐ Change MAME NAME ZANG **GHOHUA** STREET ADDRESS STREET ADDRESS 4955 ORANGE DRIVE CITY-ST-ZIP CITY-ST-ZIP DAVIE ☐ Delete TITLE SRVP ☐ Change X Addition NAME NAME AMANN ANTON STREET ADDRESS STREET ADDRESS 4955 ORANGE DRIVE CITY-ST-ZIP CITY-ST-ZIP DAVIE FL33314 VPTD ☐ Delete TITLE X Change ☐ Addition MALAHIAS ANGELO NAME ANGELO MALAHIAS STREET ADDRESS 4001 SOUTHWEST 47 TH AVE STREET ADDRESS 4955 ORANGE DRIVE CITY-ST-ZIP FT LAUDERDALE 33314 CITY-ST-ZIP DAVIE FL. 33314 ☐ Delete TITLE VPSD **X** Change ☐ Addition SCOTT LODIN NAME LODIN SCOTT 4001 SOUTHWEST 47 TH AVE STREET ADDRESS STREET ADDRESS 4955 ORANGE DRIVE CITY-ST-ZIP FT LAUDERDALE 33314 CITY-ST-ZIP FL33314 DAVIE TITLE D Delete TITLE PD X Change ☐ Addition COHEN ALAN NAME COHEN STREET ADDRESS 4001 SOUTHWEST 47 TH AVE STREET ADDRESS 4955 ORANGE DRIVE CITY-ST-ZIP FT LAUDERDALE 33314 CITY-ST-ZIP DAVIE FL33314 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 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.

04/06/2001

Daytime Phone #

Date

SIGNATURE: _Scott.Lodin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR