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2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am DOCUMENT # P00000103985 Secretary of State BOTTOM GROUNDS RECORDS, INC. 05-14-2001 90042 049 ***150.00 Principal Place of Business Mailing Address 500 NE 58 ST 500 NE 58 ST MIAMI FL 33137 MIAMI FL 33137 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 Zip Zip Country 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 DUNN, JAMES C III Street Address (P.O. Box Number is Not Acceptable) 500 NE 58 ST **MIAMI FL 33137** 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 . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☑ Delete TITLE TITI F ☐ Addition nn, James CIII DUNN, JAMES C III NAME NAME STREET ADDRESS 500 NE 58 ST STREET ADDRESS SOU NE SEST CITY-ST-ZIP **MIAMI FL 33137** CITY-ST-ZIP Miam!, Fl 33137 TITLE Delete ☐ Addition TITI F DUNN, CHRISTOPHER C III NAME NAME Dunn, Christophen B STREET ADDRESS 500 NE 58 ST STREET ADDRESS = SOONE SEST CITY-ST-ZIP **MIAMI FL 33137** CITY-ST-ZIP Mlami, FJ 33137 Delete -- -TITLE-Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI E ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

(305) 759-4730