FILED
May 28, 2002 8:00 am
Secretary of State
04-18-2002 90471 003 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000028042

1. Entity Name

✓ LEGAL HELP LINE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
105 E. Robinson ST	105 E. Robinson ST
Suite, Apt. #, etc. 530	Suite, Apt. #, etc. 530
City & State Orlando FL	City & State Orlando, FL
Zip 32801 Country	Zip 32801 Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3704595 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Rogers, Rick

Street Address (P.O. Box Number is Not Acceptable) 1719 N. Goldenrod Rd #B

City Orlando FL Zip Code 32807

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 Rick Rogers DATE 4/9/02

Signature, type 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 Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Maged M Joseph
STREET ADDRESS	105 E. Robinson ST #530
CITY-ST-ZIP	Orlando FL 32801
TITLE	V-President
NAME	Rick Rogers
STREET ADDRESS	105 E. Robinson ST #530
CITY-ST-ZIP	Orlando FL 32801
TITLE	V-President
NAME	Jorge E. Luna
STREET ADDRESS	105 E. Robinson ST #530
CITY-ST-ZIP	Orlando FL 32801
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/9/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #