2002 UNIFORM BUSINESS REPORT (UBR)

May 29, 2002 8:00 am Secretary of State P01000032274 DOCUMENT # 04-30-2002 90179 026 ***150.00 1. Entity Name BB&G GROUP, INC. Principal Place of Business Mailing Address 4601 SHERIDAN ST. STE 206 4601 SHERIDAN ST. STE 206 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 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 65-1099375 Not Applicable 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 BARAK, ALEX T Street Address (P.O. Box Number is Not Acceptable) 4601 SHERIDAN ST. STE 206 HOLLYWOOD FL 33021 City Zip Code FL 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 egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is aligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Ba Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 ☐ Delete BILE ☐ Change ☐ Addition CR2E034 (9/01 BLUMENKRANZ, OREN NAME STREET ADDRESS 125 AVE D. APT 4E STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10009** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME FREEDMAN, GREGORY NAME STREET ADDRESS 2600 S UNIVERSITY DR, STE 120 STREET ADDRESS CITY-ST-ZIP DAVIE FL 33328 CITY-ST-ZIP TITLE ☐ Oelete TITLE Change ☐ Addition BARAK-ALEX-D-NAM: STREET ADDRESS 4601 SHERIDAN ST, STE 206 STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL 33021 CITY-ST-ZIP ☐ Defete nn e Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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(3Xi), 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:

FILED