3/29

FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

May 01, 2002 8:00 am Secretary of State **DOCUMENT #** P01000056606 03-29-2002 90199 024 ***150.00 1. Entity Name A3 ENTERPRISES INC. Principal Place of Business Mailing Address C/O MISS AYSHE KADIR C/O MISS AYSHE KADIR 107 FRITH RD., LONDON E11 4EX 107 FRITH RD., LONDON E11 4EX UNITED KINGDOM UNITED KINGDOM 2. Principal Place of Business 3. Mailing Address PO BOX 4636 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 651127124 EQUESTA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANCES CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. 9946 RIVERSIDE PLANTATION FL 33324 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 (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 \$5.00 May Be 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME KADIR, AYSHE NAME STREET ADDRESS STREET ADDRESS 107 FRITH RD., LONDON E11 4EX CITY-ST-ZIP CITY-ST-ZIP UNITED KINGDOM ■ Addition TITLE Delete MUE · 🔲 Change NAME BROOKER, FREDERICK MAME STREET ADDRESS STREET ADDRESS 328 KINGSTON RD., ILFORD, ESSEX IG1 1PJ CITY-ST-ZIP CITY-ST-ZP UNITED KINGDOM TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME ROACHFORD, KEITH STREET ADDRESS STREET ALDRESS 500 SEVEN SISTERS RD., LONDON N15 6RA CITY-SI-ZIP CITY-ST-ZIP UNITED KINGDOM MIE ☐ Detete TITLE ☐ Change ☐ Addition 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 TITLE TITE F ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 13. 1 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 frustee 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.

PRESIDENT

888 25 3317