CR2E034 (9/01

2002 Uniform Business Report (UBR)

Apr 10, 2002 8:00 am Secretary of State DOCUMENT # P01000074569 1. Entity Name 04-10-2002 90353 023 ***150.00 THE CROWD CONTROLLER, INC. Principal Place of Business Mailing Address 327 80TH AVE, NE 327 80TH AVE. NE ST PETERSBURG FL 93705 33702 ST PETERSBURG FL 39705- 33702 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI.Number Applied For 30 - *000* 95 28 Not Applicable Zip Country Zip 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 Name BARRAGAN, CESAR Street Address (P.O. Box Number is Not Acceptable) 327 80TH AVE, NE ST PETERSBURG FL 33705 City 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME MEILUS, SIGITAS NAME 327 80TH AVE, NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33705 3370と CITY-ST-ZIP TITLE ☐ Delete TITLE SD ☐ Change Addition NAME KISSELEVA, EKATERINA NAME STREET ADDRESS 51177-D SALMON DR SE STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33705 33702 CITY-ST-ZIP TITLE ☐ Delete 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 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/02 (727)576-5118