FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 03, 2002 8:00 am Secretary of State DOCUMENT # P01000080836 1. Entity Name 09-03-2002 90170 028 ***150.00 LRI ENTERPRISES, INC. Principal Place of Business Mailing Address 4708 NW 107TH AVE., #502 4708 NW 107TH AVE., #502 MIAMI FL 33178 MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address P.O. BOX 226744 7761 Springcreek Drive DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For West Palm Beach, Florida Florida Migmi 65-1131613 Not Applicable 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 Lorne Smith SMITH, LORNE Street Address (P.O. Box Number is Not Acceptable) 4708 NW 107TH AVE., #502 7761 Springcreak Drive **MIAMI FL 33178** Zip Code West Palm Beach 33411 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. Lorne Smith President d title if applicable. (NOTE: Registered Agent signature required when reinstating) 8/28/02 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 P5D Delete Change Smith, Lorne SMITH, LORNE NAME STREET ADDRESS 4708 NW 107TH AVE., #502 7761 springereek Drive West Palm Beach, Florida 33411 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete_ ___ TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 appears, with all other like empowered.

IPRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attack Ment 1000080836 911923

LRI ENTERPRISES, INC P.O. Box 226744 Miami, FL 33122

August 28, 2002

Division of Corporations P.O. Box 1500 Tallahasee, FL 32302-1500

To Whom It May Concern:

Please accept the attached uniform business report with the \$150.00 fee. This is late because I did not receive the report initially because I was hospitalized and have been very ill. Also, the postman put the report in the wrong mail box which caused a delay. The company has a new address which is indicated on the attached report.

I called the Division of Corporations and a representative said you would waive the \$400.00 late charge because I was ill and initially did not receive the report. I have just recovered from my illness and am sending the report to you now. Thank you very much.

Sincerely,

Lorne Smith, President

P.S. Please take notice of my new business and mailing address information on the attached uniform business report. Please do not send anything back to the address currently in your system as I will not receive it. Thank you very much.