{Amended}

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUL 10 PM 12: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
[redacted]

DOCUMENT # P01000088727

1. Entity Name

LONDON Realty Market, Inc. ✓

DO NOT WRITE IN THIS SPACE

100006344271--8
-07/12/02--01017--005
*****70.00 *****70.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1730 Wintergreen Blvd
Suite, Apt. #, etc.
City & State: Winter Park, Fl
Zip: 32792 — Country:

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip — Country

4. FEI Number: 59-3747050 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Ramnauth Jagopat
Street Address (P.O. Box Number is Not Acceptable): 1730 Wintergreen BLVD
City: Winter Park FL Zip Code: 32792

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] DATE: 5/2/02
Signature, typed 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	TITLE	
NAME	Ramnauth Jagopat	NAME	
STREET ADDRESS	1730 Wintergreen Blvd	STREET ADDRESS	
CITY-ST-ZIP	Winter Park, Fl 32792	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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] 5/2/02 (407)492-5980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #