04/26/2002 10:02 954-753-1562 MARSHALL WEXLE 5/2

FILED
Jun 25, 2002 8:00 am
Secretary of State
05-27-2002 90325 005 ***150.00

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000097570

1. Entity Name

BLUE WAVE DIRECT, INC. ✓

[redacted]

94874

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2143 NE 65 STREET	SAME
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: FT LAUDERDALE FL	City & State
Zip: 33308 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1142001 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JEFFREY BREIDBORD

Street Address (P.O. Box Number is Not Acceptable): 2143 NE 65 STREET

City: FT LAUDERDALE FL Zip Code: 33308

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 ____________ 6/13/02

(Signature of registered agent and typed or printed name. If registered agent is changed, ...) (NOTE: Registered Agent signature required when reinstating) DATE

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	P	TITLE	
NAME	JEFFREY BREIDBORD	NAME	
STREET ADDRESS	2143 NE 65 STREET	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	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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CR2E040 (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: ____________ 5/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date