FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91300 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P02000021066** 1. Entity Name
B-DAZZLE CORPORATION 11024089 Principal Place of Business Mailing Address 19611 SW 134TH COURT 19611 SW 134TH COURT MIAM), FL 33177-4136 NIANI, FL 33177-4136 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For .07)3083 Not Applicable Zip Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROADWAY, LOIS 14831 SW 103RD PLACE MIAMI, FL 33176 Street Address (P.O. Box Number is Not Acceptable) FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agents greature arrowed when Hinstating) FILE NOWIN FEE IS \$150.00 age of Amer May 4, 2003 Fee will be \$550.00 Marks Check Payable to Florida Depayment of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete 1616 Addition □ Change BROWN, VERONICA NAME NAME STREET ADDRESS 10241 SW 162ND STREET STREET ADDRESS CITY-ST-2P MIAMI, FL 33157 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition MASA BROWN, DARRYL MARK 10241 SW 152ND STREET STREET ADDRESS STREET ADDRESS MIAMI, FL 33157 CITY-ST-ZP CITY-S1-21P TITLE ☐ Change ☐ Addition ☐ Delete 1ffLÉ NAME NAME STREET ADDRESS STREET ADDRESS CAY-ST-ZIP CITY-ST-ZP TITLE TITLE ☐ Delete Chenge Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-2P ÇITY-ST-2IP 1016 Delete Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-51-ZIP TITLE Change Addition ☐ Delete TOLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3X)). Florida Statutes, I further certify that the informindicated on this report or supplemental report is true and accurate and that try signature shall have the same legal effect as if made under oath; that I am an officer or do of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that try name appears in Block 10 or Bio changed, or on an attagringent with an address, with all other like epigowered.