2008 FOR PROFIT CORPÓRATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90059 008 ***158.75 DOCUMENT # P06000005391 CONTYSO, INC. 40010000 Mailing Address Principal Place of Business 1720 HARRISON STREET 1720 HARRISON STREET 1805 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. Box 6 Suite, Apt. #, etc. Suite, Apt. #, etc. 04162008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Hollywood, Zip Country Country \$8.75 Additional 5. Certificate of Status Desired XX Fee Required 33022 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUTLER, MARK F Street Address (P.O. Box Number is Not Acceptable) 1720 HARRISON STREET 1805 HOLLYWOOD, FL 33020 Zip Code City 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. I am familiar with, and accept Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 0 TITLE ☐ Change Addition TITLE ☐ Delete BUTLER, MARK F NAME STREET ADDRESS 1720 HARRISON STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address—with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P-18-08

Daytime Phone #