FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2002 8:00 am P93000030720 DOCUMENT # Secretary of State 1. Entity Name SUPERSTOCK, INC. 02-03-2002 90031 039 ***150.00 Principal Place of Business Mailing Address 7660 CENTURION PKWY " " 7660 CENTURION PKWY JACKSONVILLE FL 32256 --JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PARTAFEI Number City & State City & State Applied For Not Applicable Zip Country Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEAS, MICHAEL R Street Address (P.O. Box Number is Not Acceptable) 1 INDEPENDENT OR **SUITE 2600** JACKSONVILLE FL 32202 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 Florida SIGNATURE 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 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. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. D, C, PRESIDENT TITLE TITLE □ Delete BEERMANN, WILLIAM F NAME NAME 7660 CENTURIUM PRUV 3015 KALAKAVA STREET ADDRESS STREET ADDRESS HONOLULU HI 96815 CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE, PL 32256 TITLE ☐ Delete TITLE ☐ Addition DIC, CEO ONG, JAMES NAME NAME 7660 CENTURION PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP ST (Change TITLE ☐ Delete TITLE ☐ Addition CHIANG, SUSAN NAME NAME **7660 CENTURION PKWY** STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-7IP CITY-ST-ZIP JACKSONUILLE, FC Delete TITLE ☐ Change ☐ Addition ELSNER, GARY NAME NAME 455 WINDHAM COURT NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WYCKOFF NJ 07481 CITY-ST-ZIP Delete TITLE Change ☐ Addition CHIANG, KAL NAME NAME 7660 CENTURION PKWY STREET ADDRESS STREET ADDRESS Jacksonville FL 32256 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

13. I hereby certify that the information supplied with this filling 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 address, with all other like empowered.