FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 31, 2001 8:00 am Secretary of State DOCUMENT # P93000033415 1. Entity Name C L & B ADVERTISING GROUP, INC. 05-31-2001 90003 007 ***150.00 Principal Place of Business Mailing Address C/O WILLIAM CASTANO C/O WILLIAM CASTANO 1517 PALANCIA AVE. 1517 PALANCIA AVE. CORAL GABLES FL 33146 CORAL GABLES FL 33146 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 202 Applied For 4. FEI Number 65-0426370 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASTANO, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 1517 PALANCIA AVE. CORAL GABLES FL 33146 Zip Code City FL 8. The above riamed entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE 5 gnature, typed or printed name of registered agent and title if applicable FILE NOW! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 20: 1 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payab 3 to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE CATANO, WILLIAM NAME STREET ADDRESS STREET ADDRESS 1517 PALANCIA AVE. CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Addition Change ☐ Delete TITLE NAME LONGAS, DORA LUZ NAME STREET ADDRESS STREET ADDRESS 1517 PALANCIA AVE. CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 Change Addition TITLE Delete 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 Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CHIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER (A DIRECTOR

13. Thereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that not indicated on this report or supplemental report is true and accurate and that not indicated on this report of the corporation or the receiver of trustee empowered to execute this report of the corporation or the receiver of trustee empowered to execute this report of the corporation or the receiver of trustee empowered to execute this report of the corporation or the receiver of trustee empowered to execute this report of the corporation or the receiver of trustee empowered to execute this report of the corporation or the receiver of trustee empowered to execute this report of the corporation or the receiver of trustee empowered to execute this report of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in this report of supplemental report is true and accurate and that no supplemental report is true and accurate and that no supplemental report is true and accurate and that no supplemental report is true and accurate and that no supplemental report is true and accurate and that no supplemental report is true and accurate and that no supplemental report is true and accurate and that no supplemental report is true and accurate and that no supplemental report is true and accurate and that no supplemental report is true and accurate and that no supplemental report is true and