FILED May 07, 2003 8:00 am Secretary of State 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR** P93000061433 DOCUMENT # 05-07-2003 90161 035 ***150.00 1. Entity Name KEITH GOLDBERG, INC. Principal Place of Business Mailing Address 940 WAVERLY DR 940 WAVERLY DR LONGWOOD FL 32750 LONGWOOD FL 32750 HS Principal Place of Business 3. Mailing Address 0) > ⊑ Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3251295 Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7...Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. GOLDBERG, KEITH L Address (P.O. Box Number is Not Acceptable) 940 WAVERLY DR LONGWOOD FL 32750 dentity 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 the obligation SIGNATURE d name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, ☐ Change ☐ Addition TITLE Delete TITLE GOLDBERG, KEITH L NAME NAME 940 WAVERLY DR STREET ADDRESS STREET ADDRESS LONGWOOD FL CITY-ST-ZIP CITY-ST-ZIP X Delete Change Addition TITLE TITLE GOLDBERG, JONATHAN NAME NAME 440 WAVERLY DR STREET ADDRESS STREET ADDRESS LONGWOOD FL 32750 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ~ ☐ Addition TITLE Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: