2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 27, 2000 8:00 am Secretary of State DOCUMENT # **P9400030487** ONE SHARP ENTERPRISE, INC. 01-27-2000 90062 032 ***150.00 Principal Place of Business Mailing Address 5461 NE 21 TERR 5461 NE 21ST TERR FORT LAUDERDALE FL 33308-3122 FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0490168 Not Applicable _-:Country Zipl Country - --Zip------\$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 SHARP, STEVE Street Address (P.O. Box Number is Not Acceptable) 5461 NE 21 TERR FORT LAUDERDALE FL 33308 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Delete TITLE TITLE NAME SHARP, MARCIE K NAME STREET ADDRESS STREET ADDRESS 5461 NE 21 TERR CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Addition Change Delete TITLE NAME SHARP, STEVEN NAME STREET ADDRESS 5461 NE 21 TERR STREET ADDRESS CITY-ST-ZIP--CITY-ST-ZIP FORT LAUDERDALE FL-☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE 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 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 any 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 exemption 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 attach purply with an address with an other like empowered.

CITY-ST-ZIP