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Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2000 8:00 am DOCUMENT # P94000041987 1. Entity Name Secretary of State R ADVERTISING, INC. 03-22-2000 90069 010 ***150.00 Principal Place of Business Mailing Address ONE S.E. 3RD AVE. ONE S.E. 3RD AVE. **SUITE 2130** Suite|2130 しいひみやりお丁 MIAMI FL 33131 MIAMI|FL 33131-1716 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0502014 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COPROLITE CORPORATION Street Address (P.O. Box Number is Not Acceptable) ONE S.E. 3RD AVE. **SUITE 2130 MIAMI FL 33131** Zip Code City F١ 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. 12. XX Xhande Delete TITLE Addition TITLE RUDNER, EDWARD B. NAME NAME 1800 ELLER DRIVE, #300 STREET ADDRESS STREET ADDRESS 350 East Las Olas Blvd. Ste. 300 Fort Lauderdale, FL 33301 CITY-ST-ZIP CITY-ST-ZIE FT LAUDERDALE FL X-X X nange VSD Addition Delete TITLE TITLE DEL RIO, FRANK NAME NAME 350 East Las Olas Blvd. Ste. STREET ADDRESS 1800 ELLER DRIVE #300 STREET ADDRESS CITY-ST-7IP Fort Lauderdale, FL 33301 CITY ST-ZIP FT LAUDERDALE FL AS ☐ Change ☐ Delete TITLE ☐ Addition TITLE BLASS, STEPHEN NAME ONE SE THIRD AVENUE, SUITE 2130 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP miami fl XXX Xnange ☐ Delete ☐ Addition TITLE KIRBY, RICHARD L NAME 350 East Las Olas Blvd. Ste. 800 1800 ELLER DRIVE. #300 STREET ADDRESS STREET ADDRESS Fort Lauderdale, FL 33301 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL VTD ☐ Delete XX Mange ☐ Addition TITI F PICKUP, ROBERT E JR NAME NAME 800 350 East Las Olas Blvd. Ste. STREET ADDRESS 1800 ELLER DRIVE, SUITE 300 STREET ADDRESS Fort Lauderdale, FL 33301 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 TITLE ☐ Addition ☐ Detete TITLE SANTANGELO, CARL C NAME NAME 3000 N FEDERAL HIGHWAY, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33316 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 bits with a empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR