## FILED Sep 22, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P94000048245 DOCUMENT # 1. Entity Name 09-22-2002 90060 038 \*\*\*550 00 LBI GROUP, INC. Principal Place of Business Mailing Address 2855 N UNIVERSITY DRIVE 2855 N UNIVERSITY DRIVE SUITE 320 **SUITE 320** CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 4. FEI Number Applied For ty & State & State 65-0499074 Not Applicable \$8.75 Additional 5.-Certificate of Status Desired -7. Name and Address of New Registered Agent Name and Address of Current Registered Agen LOVITO, PAUL Street Address (P.O. Box Number is Not Acceptable) 2855 N UNIVERSITY DRIVE CORAL SPRINGS FL 33065 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. I am fam the obligations of registered agent SIGNATU e, typed or printed name of registered agen (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (4/02) Change Addition TITLE ☐ Delete TITLE **PCD** NAME LOVITO, PAUL F JR NAME STREET ADDRESS STREET ADDRESS 2855 N UNIVERSITY DRIVE SUITE 320 CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Change ☐ Addition TITLE □ Delete TITLE ! VTD NAME NAME LOVITO, MATTHEW J STREET ADDRESS STREET ADDRESS 2855 N UNIVERSITY DRIVE SUITE 320 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 Change ☐ Addition ☐ Delete TITLE TITLE VSD NAME NAME LOVITO, MARC A STREET ADDRESS STREET ADDRESS 2855 N UNIVERSITY DRIVE SUITE 320 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 Change ☐ Addition ☐ Delete TITLE NAME LOVITO, DARRIN J STREET ADDRESS STREET ADDRESS 2855 N UNIVERSITY DRIVE SUITE 320 CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRING FL 33065** ☐ Change ☐ Addition ☐ Delete TITLE TITLE **VD** NAME NAME LOVITO, KIMBERLY W STREET ADDRESS STREET ADDRESS 2855 N UNIVERSITY DRIVE SUITE 320 CITY-ST-ZIP CITY-ST-7/P CORAL SPRINGS FL 33065 ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 11 or Block 12 if

changed, or on an attachment with

SIGNATURE

WE U2-41 !