2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P95000003354 1. Entity Name HIGHLAND MARKETING, INC. 04-17-2001 90159 026 ***150 00 Mailing Address Principal Place of Business 1032 RUSSELL DR. 1032 RUSSELL DR. HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487 Treorna T 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0552802 Not Applicable \$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 GORAL, RONALD 1032 RUSSELL DR. HIGHLAND BEACH FL 33487 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITI F RONALD NAME GORAL, RONALD NAME STREET ADDRESS STREET ADDRESS 1032 RUSSELL DR. CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH FL 33487 ST Delete TITLE TITLE NAME JILLIAN GORAL NAME STREET ADDRESS STREET ADDRESS 1032 RUSSELL DR AND BEACH, CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH FL ☐ Addition TITLE. ☐ Delete ~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE 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 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01 561-272-9006