2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 04, 2000 8:00 am Secretary of State DOCUMENT # **P95000013300** 1. Entity Name WHITE LION FOODS, INC. 03-04-2000 90018 019 ***158.75 Principal Place of Business Mailing Address 4431 S.W. 64TH AVENUE. SUITE 119 55 N. County Line Rd. DAVIE FL 33314-3458 SUTIE 7 POOTOOF JACKSON NE 08527 ... 3. Mailing Address 2. Principal Place of Business . VETERANS HWY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0566441 JAJCKZOU Not Applicable Country USA Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HENDERSON, GLENN C Street Address (P.O. Box Number is Not Acceptable) 4431 S.W. 64TH AVENUE SUITE 119 DAVIE FL 33314 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 filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Director President Change ☐ Addition n ☐ Delete TITLE TITLE WANZEL, CYNTHIA L MUNSEL CAUJUIA NAME 995 E. VETERANS HWY 3741 SUNNY ISLES BLVD. SUITE 126 STREET ADDRESS SUNNY ISLES FL 33160 CITY-ST-ZIP JACKSON <u>N.J. 08527</u> Change ☐ Addition Secreter ☐ Delete TITLE wanzel Eynthia WARMEL, CYNTHIA L 995 EAST VETERANS HUM STREET ADDRESS 3741 SUNNY ISLES BLVD SUITE #126 CITY-ST-ZIP M2 0825J JACKSON SUNNY ISLES FL 33160 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

886 1869