2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 08:00 AM DOCUMENT # P9500038950 Entity Name **Secretary of State** SALES ADVANTAGE, INC. Principal Place of Business Mailing Address 2101 W COMMERCIAL BLVD 2101 W COMMERCIAL BLVD 3000 FT. LAUDERDALE FL FT. LAUDERDALE FL33309 33309 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0584194 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKER MATTHEW BECKER MATTHEW 2101 W COMMERCIAL BLVD Street Address (P.O. Box Number is Not Acceptable) 2101 W COMMERCIAL BLVD FT. LAUDERDALE FL33309 US City Zip Code FT. LAUDERDALE 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. 04/26/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE X Delete CR2E034 (11/00) TITLE ☐ Addition MAME SARDIIV AMY \mathbf{L} NAME 3070 PERIWINKLE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE FL 32328 CITY-ST-ZIP ☐ Delete CSD TITLE CSD X Change ☐ Addition NAME BECKER MATTHEW NAME BECKER MATTHEW STREET ADDRESS 7250 PEPPERTREE CIRCLE NO STREET ADDRESS 7250 PEPPERTREE CIRCLE NO CITY-ST-ZIP DAVIE FL 33314 CITY-ST-ZIP FL33314 DAVIE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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.

04/26/2001

Daytime Phone #

Date

SIGNATURE: __Matthew J Becker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR