2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000062847 FILED 1. Entity Name SECRETARY OF STATE TYISION OF CORPORATIONS PHILIP I. SMITH, INC. 00 JUL 27 AM 10: 56 Principal Place of Business Mailing Andress 541 SOUTH STATE ROAD 7 541 SONTH STATE ROAD 7 SUITE 1 SUITE 1 MARGATE FL MARGATE FL 39068 3. Mailing Address W. McNAb 2. Principal Place of Business 9061 W DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0599965 MARAC Not Applicable Country \$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 Agen FEDELLE, CARL Street Address (P.O. Box Number is Not Acceptable) 541 SOOTH STATE ROAD 7 SUITE 1 MARGATE FL 33068 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 (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Min. will be \$750.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ■ Addition TITLE ☐ Delete TITLE 333 OLD MILL ROAD #169 SANTA BARTARA, CA 93110 NAME SMITH, PHILIP STREET ADDRESS STREET ADDRESS 11227 N PINTO DR CITY-ST-ZIP CITY-ST-ZIP FOUNTAIN HILLS AZ 85268 Addition Delete TITLE TITI F 333 OLD MILL ROAD #169 NAME NAME SMITH, BARBARA K STREET ADDRESS STREET ADDRESS 11227 N PINTO DR CITY-ST-ZIP CITY-ST-ZIP **FOUNTAIN HILLS AZ 85268** Delete TITLE TITLE NAME NAME 000003349730--6 STREET ADDRESS STREET ADDRESS -n8/n8/00--01084--024 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 other like SIGNATURE:

333 Old Mill Rd., #169 Santa Barbara, CA 93110 July 17, 2000

2000 Uniform Business Report Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Please accept my check in the amount of \$150.00 for the Florida Corporate Annual Report.

We have changed addresses since our last filing. However, I mailed a check #1737 in the amount of \$150.00 to Tallahassee on February 9th with my updated information.

Thanking you in advance for your consideration in not assessing the \$550.00.

Sincerely,

Philip Smith

cc: Carl Fisher

Philip Smith.