~2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am DOCUMENT # P95000070309 Secretary of State LITIGATION SUPPORT SERVICES, INC. 05-14-2001 90254 041 ***150.00 Principal Place of Business Mailing Address C/O LAW OFFICES DAVID HARRIS SINGER C/O LAW OFFICES DAVID HARRIS SINGER 13320 SW 128TH ST 13320 SW 128TH ST C0065110 MIAMI FL 33186 MIAMI FL 33186 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 65-0612199 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6._Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent SINGER, DAVID H Street Address (P.O. Box Number is Not Acceptable) 13320 SW 128TH ST MIAM! FL 33186 City 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. CR2E034 (10/00) ☐ Change ☐ Addition TITLE ☐ Delete TITLE SINGER, DAVID H NAME NAME STREET ADDRESS STREET ADDRESS 13320 SW 128TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change -Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 in 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:

A THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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