FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2002 8:00 am Secretary of State P95000090394 DOCUMENT # 1. Entity Name 04-18-2002 90482 002 ***158.75 **EDITECH CORPORATION** Mailing Address Principal Place of Business 885 NE 79TH ST 885 NE 79TH ST u 1003049 MIAMI FL 33138 **MIAMI FL 33138** LIS 2. Principal Place of Business 3. Mailing Address same as above same as above DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0631210 Not Applicable Zip Country Zip 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 Agent SIMONS, BARRY L Street Address (P.O. Box Number is Not Acceptable) 2601 SOUTH BAYSHORE DRIVE **SUITE 1775** COCONUT GROVE FL 33133 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. Tammy Tausch, President 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 After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ■ TITLE TITLE ☐ Defete Tausch, Tammy L. 885 NE 79th Street TAUSCH, TAMMY L. NAME NAME STREET ADDRESS STREET ADDRESS 694 N.E. 76 STREET, #4 Miami, FL 33138 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME TAUSCH, ERIC NAME Tausch, Eric STREET ADDRESS STREET ADDRESS 694 N.E. 76 STREET, UNIT 4 885 NE 79thaStreet CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33138 Miami, FL 33138 Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE NAME

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.

STREET ADDRESS

President

CITY-ST-ZIP

Tammy L. Tausch SIGNATURE: 🗅 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

4/9/02

Date

(305) 756-7670

Daytime Phone #