2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P9600005888 1. Entity Name DALED, INC. 04-20-2001 90169 047 ***150.00 :, Principal Place of Business Mailing Address 9700 COLLINS AVE 9700 COLLINS AVE SUITE 223 SUITE 223 MIAMI FL 33154 BAL HARBOUR FL 33154 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0648289 Not Applicable Zip Country 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 Name TOUBOUL, EDMOND - DÂLE Street Address (P.O. Box Number is Not Acceptable) 9700 COLLINS AVE SUITE 223 **BAL HARBOUR FL 33154** 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. DATE (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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete TITLE Change TITLE BOHBOT, MARC NAME NAME STREET ADDRESS 800 SOUTH BEVERLY GLEN STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90024 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE BOHBOT, MICHELE NAME 800 SOUTH BEVERLY GLEN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90024 CITY-ST-ZIP ☐ Addition TITLE Delete TOUBOUL, EDMOND NAME STREET ADDRESS 9700 COLLINS AVE. SUITE 223 STREET ADDRESS CITY-ST-2IP **BALHARBOUR FL 33154** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition TOUBOUL, DALHIA NAME NAME 9700 COLLINS AVE. SUITE 223 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BALHARBOUR FL 33154** CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ■ Addition 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

SIGNATURE: _

Arord TOUBOUL 64-10-01