2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 30, 2004 8:00 am Secretary of State **DOCUMENT # P96000014267** 01-30-2004 90077 014 ***150.00 1. Entity Name ESU II, INC. Principal Place of Business Mailing Address 2015 N UNIVERSITY DR. ADLER & BLNCHARD LLP CORAL SPRINGS, FL 33071 27 CAMBRIDGE ST. BURLINGTON, MA 01803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0797753 Not Applicable Zip Country Country Żip \$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 UDELL, ELAINE Street Address (P.O. Box Number is Not Acceptable) 2105 N. UNIVERSITY DR. POMPANO BEACH, FL 33071 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Efection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change Addition TITLE ☐ Delete TITLE Director NAME UDELL, ELAINE NAME Andrew Settler 2015 N.UNIVERSITY DR STREET ADDRESS STREET ADDRESS 2025 N. University Dr. POMPANO BEACH, FL 33071 CITY-ST-ZIP CITY-ST-ZIP Pompano Beach, FL 33071 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change 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 Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

1-24-04

Daytime Phone #