## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 19, 2001 8:00 am Secretary of State DOCUMENT # P96000023726 1. Entity Name **NEXSTORE 2, INC.** 01-19-2001 90031 011 \*\*\*150.00 Principal Place of Business Mailing Address 4770 NW BOCA RATON BLVD 4770 NW BOCA RATON BLVD STE C STE C **BOCA RATON FL 33431 BOCA RATON FL 33431** 00005591 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 65-0786720 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required \_\_\_\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KNIGHT, WILLIAM L Street Address (P.O. Box Number is Not Acceptable) 4770 NW BOCA RATON BV SUITE C **BOCA RATON FL 33431** Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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. DCEO Change TITLE ☐ Detete TITLE 2770 NW BOOR Raten Bloc Suite C KNIGHT, WILLIAM L NAME NAME 2255 GLADES ROAD STE 219A STREET ADDRESS STREET ADDRESS Born Raton, PL 33431 CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE Gliniecki, Eric A. ALMOS, JANE C NAME NAME 4770 NW Boca Raton Blvd., Ste C 4770 NW BOCS RATON BV C STREET ADDRESS STREET ADDRESS Boca Raton, FL 33431 CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Delete TITLE DDE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE: