813.247.2828

April 19, 2000

୍ଦିରତତ୍ୱ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028865							FILED		
1. Entity Name EAST BROAD GROUP, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
District District Add to						00 APR 20 PH 1: 11			
Principal Place of Business Mailing Address				•					
2112 NORTH 15 TAMPA FL 3360	5TH STREET, SUITE 101 55	2112 NORTH 15TH STREET. SUITE 101 TAMPA FL 33805-3648					~		`\
2. Principal Place of Business 2109 E. Palm Avenue 3. Mailing Address 2109 E. Paln									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
Suite City & State		Suite 206 City & State					<u>>''</u>	- I IAn	plied For
	Florida	Tampa, Florida				59-3373		Not	t Applicable
^{Zip} 33605	Country USA	^{Zip} 33605	USA	try	5	. Certificate of Status Desir		8.75 Addi ee Required	
	6. Name and Address of Current I	Registered Agent		Nome	7.	. Name and Address of N	Registered A	gent	
14014	WHICH THOMAS LID			Name					
MCMULLEN, THOMAS J JR. 2112 NORTH 15TH STREET, SUITE 101				Street 6	dress (P.O.	Box Number is Not Accepalm Avenue	(able)		
TAMPA FL 33605				Suit					
				^{Cit} Tam	ра		FL	Zip Code	05
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2000 Make Check Payable				will be \$5	50.00	10. Election Campaig Trust Fund Contrib			May Be to Fees
11.	OFFICERS AND	DIRECTORS	12,			ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ETTE HOUSE TO THE TOTAL				2109	D len, Thomas J. E. Palm Avenue , Florida 3360	, Jr. , Suite 20	Ճ Change)6	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.7	☐ Delete				50000: -04// ****	322 4 0 26700 - 011 1158.75	□ Change 1316 — 006 — 02 8:8:4:8:150	Addition
TITLE	1 /) K	☐ Delete	TITLI			12-12-12-13	_ <u></u>	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	1			E Et address -st-zip					
TITLE	1 - 41W	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				e et address -st-zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is reportation or the receiver or trustee empor	true and accurate and that movered to execute this report a	ny sìona	ture shall h	ave the sam	ne legal effect as it mage ut	ider oath: that i ar	m an officer	or allector

Thomas J. McMullen, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President