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2001 UNIFORM BUSINESS REPORT (UBR)

Jan 22, 2001 8:00 am DOCUMENT # P96000037014 Secretary of State SNEAKER GIANT, INC. 01-22-2001 90090 047 ***150.00 Principal Place of Business Mailing Address 18200 N.W. 27TH AVE. 18200 N.W. 27TH AVE. 00005604 MIAMI FL 33056 MIAMI FL 33056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0661977 Not Applicable _Country____ Zip Country \$8.75 Additional 5. Certificate of Status Desired -- -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHIMON, DANI Street Address (P.O. Box Number is Not Acceptable) 3541 N 34TH AVE HOLLYWOOD FL 33021-2508 City Zip Code FL 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHIMON, DANI NAME " NAME STREET ADDRESS 3541 N 34TH AVE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021-2508 CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

1/2/00

954-815 4335

Daytime Phone #