2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P96000043164 Mar 20, 2000 8:00 am Secretary of State DOW-WARNER INTERNATIONAL GROUP, INC. 03-20-2000 90065 015 ***150.00 Principal Place of Business Mailing Address 2801 PONCE DE LEON BLVD. 2801 PONCE DE LEON BLVD. SUITE 455 SUITE 455 CORAL GABLES FL 33134-6917 CORAL GABLES FL 33134-6917 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City, & State 4. FEI Number 65-0667116 Not Applicable Zip Country \$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 THOMAS, BRADFORD A Box Number is Not Acceptable) KIMBRELL & HAMANN 799 BRICKELL PLAZA, SUITE 900 BLUE LAGOON MIAMI FL 33131-2805 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 After MAY 1, 2000 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 11. ☐ Addition ☐ Defete TITLE TITLE BRENNAN, JAMES R NAME CR2F034 % 2801 PONCE DE LEON BLVD. #455 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134-6917 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE VACCA, MARIE NAME NAME % 2801 PONCE DE LEON BLVD. #455 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134-6917 . _ 🔲 Change ☐ Addition TITLE NIXON, LEW NAME % 2801 PONCE DE LEON BLVD, #455 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134-6917 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ 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 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 at

SIGNATURE;