2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 08, 2001 08:00 AM DOCUMENT # P9600044210 1. Entity Name **Secretary of State** RECYCLING NETWORK, INC. Principal Place of Business Mailing Address 10400 GRIFFIN ROAD, SUITE 201 10400 GRIFFIN ROAD, SUITE 201 FORT LAUDERDALE FL FORT LAUDERDALE FL 33328 33328 2. Principal Place of Business 3. Mailing Address 10400 GRIFFIN ROAD, SUITE 101 10400 GRIFFIN ROAD, SUITE 101 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FORT LAUDERDALE FL FORT LAUDERDALE 65-0710839 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33328 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARKS JONATHAN S MARKS JONATHAN 10400 GRIFFIN ROAD, SUITE 201 Street Address (P.O. Box Number is Not Acceptable) 10400 GRIFFIN ROAD, SUITE 101 FORT LAUDERDALE FL33328 City Zip Code FORT LAUDERDALE 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. 01/08/2001 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 After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition X Change MAME MARKS JONATHAN NAME MARKS JONATHAN STREET ADDRESS 780 VERONA LAKE DRIVE STREET ADDRESS 780 VERONA LAKE DRIVE CITY-ST-ZIP FORT LAUDERDALE \mathbf{FL} CITY-ST-ZIP FORT LAUDERDALE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing 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.

01/08/2001

Daytime Phone #

Date

SIGNATURE: __Jonathan S Marks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)