FILE No.390 04/24 '02 14:21 ID:VAZQUEZ & HESS FAX:3(

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90142 047 ***150.00

DOCUMENT # P96000054630

1. Entity Name
DOLPHIN ENTERPRISES II, INC.

Principal Place of Business
601 BRICKELL KEY DRIVE #802
MIAMI FL 33131
US

Mailing Address
601 BRICKELL KEY DRIVE #802
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3363 SHERIDAN ST.
Suite, Apt. #, etc.: #201
City & State: HOLLYWOOD
Zip: FL. 33021 Country: USA

3. Mailing Address: 341 LAFAYETTE ST
Suite, Apt. #, etc.: #971
City & State: NEW YORK
Zip: 10012 Country: USA

4. FEI Number: 65-0683966 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PROFILET VAZQUEZ & HESS
501 BRICKELL KEY DRIVE
SUITE 407
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name: STEVEN A. MASON
Street Address (P.O. Box Number is Not Acceptable): 3363 SHERIDAN ST. #201
City: HOLLYWOOD FL Zip Code: 33021

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 ______________________ 4-25-'02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS BAKKER, CORNELIUS 501 BRICKELL KEY DRIVE, SUITE 407 MIAMI FL 33131	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PETROPOLOUS, GEORGE 501 BRICKELL KEY DRIVE, SUITE 407 MIAMI FL 33131	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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.

SIGNATURE: ______________________ 4-25-02 917-345-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #