2001 UNIFORM BUSINESS REPORT (UBR) May 03, 2001 8:00 am Secretary of State DOCUMENT # P96000057064 1. Entity Name GENESI FAMILY CORP. 05-03-2001 91163 037 ***158.75 Principal Place of Business Mailing Address 5212 - 62ND AVE. SOUTH 5212 - 62ND AVE. SOUTH ST. PETERSBURG FL 33715 ST. PETERSBURG FL 33715 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 59-3389722 Not Applicable \$8.75 Additional 5. Certificate of Status Desired JSM Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENESI GENESI, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 5212 - 62ND AVE. SOUTH ST. PETERSBURG FL 33715 ANE 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Change ☐ Delete TITLE CD GENESI, KOBERT C NAME NAME GENESI, ROBERT C. 4635 Dolphin Cay Lank STREET ADDRESS STREET ADDRESS 5212 62 AVE SOUTH CITY-ST-7/P CITY-ST-ZIP ST PETERSBURG FL ☐ Addition Delete TITLE TITLE D Genesi, Mark NAME NAME MARK, GENESI 6324 South Waloen CT STREET ADDRESS STREET ADDRESS 3036 SUMNER DR CITY-ST-ZIP Aurora. CITY-ST-ZIP REYNOLDSBURG OH 43608 ☐ Addition 💢 Change Delete TITLE Genesi, John NAME NAME GENESI, JOHN 4048 oak blen Ci STREET ADDRESS STREET ADDRESS 718 LONDON DR CITY-ST-ZIP moorpark, CH 9302 CITY-ST-ZIP MILPITAS CA 95035 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME GENESI, MATHEW G. STREET ADDRESS STREET ADDRESS 41810 JOHN MUIR DR CITY-ST-ZIP CITY-ST-7IP COARSEGOLD CA 93614 Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME **GENESI, LOURIE** South Welson CT STREET ADDRESS STREET ADDRESS 733 BLOSSOM LANE CITY-ST-ZIP CITY-ST-ZIP PICKERINGTON_OH_43147 ☐ Addition ☐ Change TITI F Delete TITLE NAME 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 in supplier testal 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 teceiver for 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

805-553-0745