2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

FILED Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P96000070665 1. Entity Name CATALINA MERCHANDISING, INC. 04-12-2001 90010 041 ***150.00 Principal Place of Business Mailing Address C7O THOMAS M. BLUTH--G/O THOMAS M. BLUTH--326910 18191 NORTH WEST 68TH AVENUE 18191 NORTH WEST 68TH AVENUE MIAMI FL 33015 MIAMI FL 33015 3. Mailing Address 2. Principal Place of Business) aper STOCK DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0690721 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HIUSTOCK BLUTH, THOMAS M Street Address (P.O. Box Number is Not Acceptable) 18191 NORTH WEST 68TH AVENUE **MIAMI FL 33015** zig2960<u>7</u> Sainesville 8. The above named entity submits this statement fol the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) PCD ☐ Delete TITLE Change ☐ Addition TITLE HERSH, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 18191 N.W. 68TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33015** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RAPPAPORT, DEAN S NAME STREET ADDRESS STREET ADDRESS 18191 NW 68TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 Delete ☐ Addition TITLE TITLE NAME **BLUTH, THOMAS M** NAME STREET ADDRESS STREET ADDRESS :18191-NW 68TH-AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 TITLE ☐ Defete Change ☐ Addition 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 ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 ampowered.