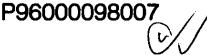
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

T-N-T SALES CORP.



FILED Jul 07, 2003 8:00 am Secretary of State

07-07-2003 90305 025 ***150.00

Principal Place of Business Mailing Address 3300 N UNIVERSITY OR 3300 N UNIVERSITY DR POMPANO BEACH FL 33065 POMPANO BEACH FL 33065 2. Principal Place of Business 3. Mailing Address 3300 UNVESI 3300 Suite, Apt. #, etc Suite, Apt. #, etc __CHECK_HERE_IF_MAKING_CHANGES City & State 4. FEI Number City & State Applied For 65-0713588 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Brow All Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENTHAL, ALAN H Street Address (P.O. Box Number is Not Acceptable) 3300 UNIVERSITY DRIVE **AUITE 305** CORAL SPRINGS FL 33065 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9.- Election Campaign Financing \$5:00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE Delete TITLE Change KRON, ADAM S KRON, ADAMS NAME NAME YAW HOSIWA SETP 5128 NW 57 TERRACE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33067 COLLISPENDES CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE. Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITL F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 teport is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.