2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 18, 2000 8:00 am Secretary of State DOCUMENT # P96000100807 1. Entity Name MISSISSIPPI TRADING, INC. 05-18-2000 90386 008 ***150.00 Principal Place of Business Mailing Address 11310 INTERCHANGE CIRCLE N 11310 INTERCHANGE CIRCLE N MIRAMAR FL 33025 MIRAMAR FL 33025-6003 00053342 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0716484 Not Applicable Zìp Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE Change GERSON, STUART NAME NAME 159 FIELDS ROCK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOUTHPORT CT 06490 ☐ Change Addition TITI F Delete TITLE KIPPERMAN, ERIÇ NAME NAME STREET ADDRESS 9 COVENTRY RD. STREET ADDRESS City-ST-ZiP CITY-ST-ZiP LIVINGSTON NJ 07039 ☐ Addition ☐ Delete ☐ Change TITLE TITLE LAFAUCI, JOSEPH NAME NAME STREET ADDRESS 67 STEWART ST STREET ADDRESS **DEMAREST NJ 07627** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE BERNSTEIN, STANLEY NAME NAME STREET ADDRESS STREET ADDRESS 1506 FOREST AVE CITY-ST-ZIP CITY-ST-ZIP **BALDWIN NY 11510** ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STUART GERSON

CR2E034 (9/99)