1. Entity Nam	Forth Name								
•	SUN PAPER ADVISORS, INC.							FILED	
001171		55115, 1115	•					01 MAY -2 PM 4:00	
Principal Place of Business Mailing Address								01 0A1 72 FM 4+ 00	
355 TOWN CENTER ROAD			5355 TOWN CENTER ROAD				SEGRETARYKOFTSDATE		
SUITE 802			SUITE 802					TABLAHASSEE, FLORIDA	
IOCA RATON FL 33486 BOCA RATON FL IS US									
								-	
2. Principal Place of Business			3. Mailing Address					I I Bâli Bâl i lê 1010 êtili erili arilê edişi ileli bâlar ilele ilele ileli esili fali	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE	
City & State			City & State				A C	El Number CF 0740704 Applied For	
City & State			Oily & State				4. 11	65-0749731 Applicable	
Zip	p Country		Zip Coun		ntry	5. Certificate of Status Desired See Required Fee Required			
	6. Name	and Address of Current Re	gistered Agent				7. N	lame and Address of New Registered Agent	
					Name OT Corporation System				
CORPORATION SERVICE COMPANY					Street Address (P.O. Box Number is Not Acceptable)				
1201 HAYS ST TALLAHASSEE FL 32301					1200 South Pine Island Rd.				
					Objection FL Zip Code				
					PIC	2/\4	\overline{z}	10/1 133304	
8. The above	named entity	y submits this statement for the	ne purpose of changing its	register	ed office or	registered	d age	ent, or both, in the State of Florida.	
QUOLINTURE.		Carin 78						5/1101	
SIGNATURE .	Signature, typed	or printed name of registered agent and	title it applicable. (NOTE	: Registere	ed Agent signati	re required wh	nen rei		
of this corporation is signed to carrely he when give					FEE IS \$150.00			10. Election Campaign Financing \$5.00 May Be	
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St					Trust Fund Contribution. Added to Fees	
11.		OFFICERS AND D	RECTORS	12.			ADO	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Р		☐ Delete	TITL				300004163 266 -⊡★ © -05/08/0101124020	
NAME STREET ADDRESS		LEDEN, MANC V		NAM STR	eet address				
CITY-ST-ZIP DELRAY BEACH FL 33446			CI		r-ST-ZIP				
TITLE	VP		☐ Delete	TITL				Change 🗆 Addition	
NAME	KROUSE,			MAM	ie Eet address	C20	-<	TOWN CONTON Rd. Ste 802	
STREET ADDRESS CITY-ST-ZIP	1141 SW BOCA RA				-ST-ZIP	Cox	\sim	Roton FL 33486	
TITLE	DOOR NA	TONTE	☐ Delete	TITL	E			Change Addition	
NAME				NAN					
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-St-Zip			:	
TITLE			Delete	TITL	-			☐ Change ☐ Addition	
NAME				NAN					
STREET ADDRESS					EET ADDRESS /-ST-ZIP				
CITY-ST-ZIP TITLE			☐ Delete	TITL				☐ Change ☐ Addition	
NAME	!		□ Delete	NAN				_ ,	
STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP					/-ST-ZIP	· · ·		Obsess Addition	
TITLE NAME			☐ Delete	TITL				☐ Change ☐ Addition	
STREET ADDRESS					EET ADDRESS			~ SP	
CITY-ST-ZIP					/-ST-ZIP				
		- information according with th	ie filing does not qualify for	the eve	emotion state	ed in Secti	ion 1	19.07(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.

2001 UNIFORM BUSINESS REPORT (UBR)

-2001 UNIFORM BUSINESS REPORT (UBR) DÖCUMENT # **P96000101120** SUN PAPER ADVISORS, INC. Principal Place of Business Mailing Address 5355 TOWN CENTER ROAD 5355 TOWN CENTER ROAD SUITE 802 SUITE 802 BOCA RATON FL 33486 **BOCA RATON FL 33486** 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 65-0749731 Not -spiidable Country Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent orporation CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable **1201 HAYS ST** TALLAHASSEE FL 32301 1200 South Pine 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 Fichica. 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, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1/11 TITLE ☐ Delete TITLE Addition NAME LEDER, MARC J NAME STREET ADDRESS 6807 ROYAL ORCHID CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33446** TETLE ☐ Delete TITLE Addition NAME KROUSE, RODGER NAME 5355 Town Carter Rd. Ste GOD STREET ADDRESS STREET ADDRESS 1141 SW 19TH AVE CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** TITLE ☐ De!ete TITLE 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-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 path; 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 3 ock 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Daytime Phone #