2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2001 8:00 am Secretary of State DOCUMENT # **P97000021852** 1. Entity Name DIXIE PROPERTY CORP. 04-28-2001 90072 049 ***150.00 Principal Place of Business Mailing Address 101 N. OCEAN DR. 101 N. OCEAN DR. SUITE 213 SUITE 213 TOOPPOUL HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address 20035 Palm Island Dr 20035 Palm Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEL Number Applied For 65-0733436 Boca Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -riedmen **TUDZAROV & GREENBERG** Street Address (P.O. Box Number is Not Acceptable) 345 WEST OAKLAND PARK BLVD. AW OFFICES OF STEVEN FRIEDMAN FT. LAUDERDALE FL 33311 235 NORTH UNIVERSITY DRIVE PEMBROKE PINES, FLORIDA 33024 8. The above named entity submits this statement for the purpose of changing its registered office ercegistered agent, or both, in the State of Florida 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 TITLE ☐ Delete TITLE Addition Change NAME KORNITZER, THOMAS NAME STREET ADDRESS STREET ADDRESS 20035 PALM ISLAND DR. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** TITLE Defete TITLE ☐ Change Addition BIALER, HENRY NAME STREET ADDRESS STREET ADDRESS 25 SHORE CLIFF PL. CITY-ST-ZIP CITY-ST-ZIP **GREAT NECK NY 11023** TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Somas Kornitzer 4/s/01