2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000024416 Apr 17, 2000 8:00 am 1. Entity Name EL-AN MARKETING ORBRITION **Secretary of State** 04-17-2000 90051 005 ***150.00 Principal Place of Business Mailing Address 7156 WHITFIELD AVE 7156 WhITFIELD AUR BOYNTON BEACH, FL 33437 BOYNTON BEACH FL 33 437 3. Mailing Address 75% Wh. TFICLS AUR 7156 WHIT FIELD AUG DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Cly & State BOYWTON BEACH R Zip ZU37 - Country V S A City & Star Boynton Beach FL Applied For 65-6737406 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 KATCHER, JERRY 7156 Whit FIELD AUR Street Address (P.O. Box Number is Not Acceptable) BOYNTON BEACH, FL. 8. The above named on ity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is etigible to satisfy its intangible FILE NOW!!! FEE 19:\$150.00 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE KATChen, JERRY DISE WHIT FIELD AUR NAME NAME 7,56 WhITFIELD AVE STREET ADDRESS STREET ADDRESS BOYNTON BOACH, FL 33437 Q Change Addition BOYNTON BOACH, FL 33437 CITY-ST-ZIP CITY-ST-ZIE TITCHEL ZEWITA [TIS6 W KITFIELD ADQ TITLE 7,56 whitfield Aue Boywton Beach, FL, 3343-NAME NAME STREET ADDRESS STREET ADDRESS BOYNTON BRACH, FL 33437 CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: