5000 ANILOKW RAZINEZZ KFŁOKÍ (ARK) 3/. DOCUMENT # P97000026765 May 12, 2000 8:00 am Secretary of State GLOBAL PRODUCTS WORLDWIDE, INC. 03-28-2000 90082 047 ***150.00 Mailing Address Principal Place of Business 1670 WOODLAND AVE. 1670 WOODLAND AVE. WINTER PARK FL 32789-2775 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 59-3508829 Applied For 4. FEI Number City & State City & State APPLIED FOR Not Applicable \$8.75 Additional Country Zip Country Zìp 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GORTZ. ALBERT W Street Address (P.O. Box Number is Not Acceptable) 2255 GLADES ROAD SUITE 340 WEST BOCA RATON FL 33431-2525 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. 12 CR2E034 (9/99) ☐ Change Addition TITLE TITLE ☐ Delete WARREN, RANDALL NAME 2300 MAITLAND CENTER PKWY 4 140 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP MAITLAND FL 32751 ☐ Change Addition Delete TITLE NAMO KWY # 140 1621 LASBURY AVE 2300 Mout kind Cente NAME STREET ADDRESS CITY-ST-7IP WINTER PARK FL 92789 MOUTICA CITY-ST-ZIP ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition Change TITLE ☐ De ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition De ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Dalete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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