2002 UNIFORM BUSINESS REPORT (UBR) FILED May 19, 2002 8:00 am Secretary of State **DOCUMENT #** P97000037568 1. Entity Name RANDI SUNSET J, INC. 05-19-2002 90158 030 ***150.00 Principal Place of Business Mailing Address 3 WESTMOUNT SO., #814, WESTMOUNT 3 WESTMOUNT SQ., #814. WESTMOUNT 3 V V V T QUEBEC. CANADA H3Z 2S5 QUEBEC. CANADA H3Z 2S5 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 98-0170996 Zip Not Applicable Country Zip ≈Country= 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent LARRY A. ROTHENBERG, P.A. Street Address (P.O. Box Number is Not Acceptable) 900 N. FEDERAL HWY., STE. 460 **BOCA RATON FL 33432** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) =9:=This:corporation-is:eligible-to:satisfy-its:Intangible= FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME (9/01) ZEMEL, RANDI ☐ Addition NAME STREET ADDRESS 3 WESTMOUNT SQ., #814, WESTMOUNT STREET ADDRESS CITY-ST-ZIP QUEBEC, CANADA H3Z 2S5 CITY-ST-ZIP ☐ Delete TITLE ☐ Change SIGAL, ALEX Addition NAME STREET ADDRESS 3 WESTMOUNT SQUARE #814 STREET ADDRESS CITY-ST-ZIP WESTMOUNT, CANANDA H3Z 2S5 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR