2001 UNIFORM BUSINESS REPORT (UBR) Mar 08, 2001 8:00 am DOCUMENT # P970000 43849 **Secretary of State** THE GREATEST INC. 03-08-2001 90063 029 ***150.00 Principal Place of Business Mailing Address 499 E PALMETTO PARK ROAD SLITE 229 BUCA RATON, FL 33432 00022771 2. Principal Place of Business 3. Mailing Address 1985 NW 18TT ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For POMPANO BEACH, FL 65<u>075328</u>5 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33069 BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERNARD M A. CHANNLER MARCUS Street Address (P.O. Box Number is Not Acceptable) 499 E PALMETTO PARK RD SLLITE 229 BOCA RATON, FL 33432 POMPANO BEACH 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 (NOTE: Registered Agent signature required when reinstating) 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 c/P/s/7/3 TITLE ☐ Change TITLE **▼** Delete ANDREW CHANDLER 499 E PALMETTO PARK RY SWITE LL9 NAME READDRES M MARCHS NAME STREET ADDRESS 1985 N.W. 18T ST STREET ADDRESS CITY-ST-ZIP ROCA RATON, FL 33432 CITY-ST-ZIP POMPANO BEACH, FL TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: AERNARA H MARCHS LELLIANS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Mr Means Ystor