2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P9700046759 Feb 29, 2000 8:00 am Secretary of State 1. Entity Name ADULT AGE VERIFICATION SERVICES, INC. 02-29-2000 90188 046 ***150.00 Mailing Address Principal Place of Business 22783 SOUTH STATE ROAD 7 22783 SOUTH STATE ROAD 7 SUITE 153 SUITE 153 しぜひぶりょうし **BOCA RATON FL 33428-5427 BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0756169 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHANDLER, ANDREW Street Address (P.O. Box Number is Not Acceptable) 22783 S. ST RD, RD 7 **BOCA RATON FL 33428** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 ਭੇ.੍ This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 1 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. PD 57 ☐ Addition Change Delete TITLE CHANDLER, ANDREW P NAME 22783 SOUTH STATE ROAD 7, STE 153 STREET ADDRESS ·.... ADDDESS **BOCA RATON FL 33428** CITY-ST-ZIP ST-ZIP **VSTD** Delete ☐ Addition TITLE ☐ Change STUCZNSKI, GAYLE L NAME 22783 SOUTH STATE ROAD 7, STE 153 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33428** ST-707 Delete ☐ Change ☐ Addition TITLE STREET ADDRESS · · Annuego CITY-ST-ZIP ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-7/P ST-ZIP Change ☐ Addition Delete TITLE NAME VDDDEGG STREET ADDRESS CITY-ST-ZIP

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 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 it changed, or on an attachment with ap-address, with all other like empowered.

-SELATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/00

/521-347-8330