SIGNATURE: _

SIGNATURE AND TYPED OR

2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P97000050377** May 01, 2000 8:00 am Secretary of State 1. Entity Name VCS. INC. 05-01-2000 90479 042 ***150.00 Principal Place of Business Mailing Address 871 W OAKLAND PARK BLVD 871 W OAKLAND PARK BLVD FT LAUDERDALE FL 33311-1731 FT LAUDERDALE FL 33311 US DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0759912 Not Applicable \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLODIG, GREGORY J Street Address (P.O. Box Number is Not Acceptable) GREENSPOON MARDER HIRSCHFELD PA 100 W CYPRESS CREEK RD STE 700 FT LAUDERDALE FL 33309 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition **₽**Delete TITLE verrilly James VERRILLO, JAMES NAME zura é. commoreial Blu 871 W OAKLAND PARK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33311 Change Addition **Æ**Delete TITLE TITLE NAME LAMBERT, DANIEL NAME 2111a E Commercial Blud. STREET ADDRESS STREET ADDRESS 871 W OAKLAND PARK BLVD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33311 Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change ☐ Addition ☐ 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-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 acceptate 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 secute 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.

RINTED NAME OF SIGNING OFFICER OR DIFFECTOR