2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2001 8:00 am Secretary of State DOCUMENT # P97000071547 TJT ASSOCIATES CORP. 02-08-2001 90188 005 ***150.00 Mailing Address Principal Place of Business 2215 HOLLYWOOD BLVD 2215 HOLLYWOOD BLVD HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DOOLDARD 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0772891 Not Applicable Zip Country \$8.75 Additional 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 STANKUS, JOHN III Street Address (P.O. Box Number is Not Acceptable) 2215 HOLLYWOOD BLVD HOLLYWOOD FL 33020 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition D ☐ Delete TITLE TITLE NAME NAME STANKUS, THOMAS STREET ADDRESS STREET ADDRESS 2215 HOLLYWOOD BLVD CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 Change ☐ Addition TITLE Delete TITLE NAME NAME STANKUS, JOHN III STREET ADDRESS STREET ADDRESS 2215 HOLLYWOOD BLVD CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition ☐ Change TITLE. ☐ Delete TITLE. NAME NAME STANKUS, THOMAS JR STREET ADDRESS STREET ADDRESS 2215 HOLLYWOOD BLVD CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS 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 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: . TATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT