2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000079723 May 23, 2000 8:00 am Secretary of State 1. Entity Name THE LIFT PUBLISHING COMPANY, INC. 05-01-2000 90467 001 ***158.75 Principal Place of Business Mailing Address 1206 MILLEMIUM PKWY 206 MILLEMIUM-PKWY STE 2009 **STE 2009** BRANDON FL 33511-3895 BRANDON FL-89594us 3. Mailing Address Principal Place of Business 206 Millennium 1206 Millennius Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 2009 Applied For 4. FEI Number Orliv & State 59-3468849 Not Applicable Country \$8.75 Additional Country USA 5. Certificate of Status Desired 'Fee Required' 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kraust KRAUSE, DAN A Street Address (P.O. Box Number is Not Acceptable) 2225 HICKORY RIDGE DRIVE VALRICO FL 33594 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) DATE 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, 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 11. 12. ☐ Change ☐ Addition TITLE CR2E034 (9/99 TITLE ☐ Delete KRAUSE, DAN NAME STREET ADDRESS 2225 HICKORY RIDGE DRIVE STREET ADDRESS Executive Office CITY-ST-7IP CITY-ST-ZIP VALRICO FL TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_SE_20 CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIE ☐ Change ☐ Addition Delete IIILE DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition ☐ Delete TITLE TITLE NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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:

NATURE AND THE ON PRIMARY NAME OF SIGNING OFFICER OR DIRECTOR

4/27/0

813-748-4470

Daytime Phone #