2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000081099 May 11, 2001 8:00 am Secretary of State DLG, INC. 05-11-2001 90050 043 ***150.00 Principal Place of Business Mailing Address 2400 E. COMMERCIAL BLVD., STE. 517 2400 E. COMMERCIAL BLVD., STE, 517 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 65-0818711 City & State 4. FEI Number Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRINKLEY, MICHAEL 200 E. LAS OLAS BLVD., STE. 1800 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33301-2209 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **DPST** ;R2E034 (10/00) TITLE ☐ Delete TITLE Addition GRIFFITH, DONNA L NAME NAME 3509 NW 61 CIR. STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496-4002** CITY-ST-7IP CITY-ST-ZIP DVPT ☐ Delete TITLE TITLE ☐ Change Addition DE MEO. ANTHONY NAME 2400 E. COMMERCIAL BLVD., STE. 517 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33308 CITY-ST-ZIP CITY - ST- ZIP DVP TITLE ☐ Detete TITLE □ Change Addition BRINKLEY, W. MICHAEL NAME NAME 200 E. LAS OLAS BLVD., STE. 1800 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 954 35/9800