2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P 97000084386 May 11, 2001 8:00 am Secretary of State 1. Entity Name Willie's Ice Gream Corporation 500 East Oakland Park Blvd. 05-11-2001 90119 008 ***150.00 Wilton Manors, Fl. 33334

Mailing Address Principal Place of Business 500 E. Oakland Park Blvd. 500 E. Oakland Park Blvd Wilton Manors, Wilton Manors, Fl. 33334 A0063593 Fl. 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0788968 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent BALGOBIN, WILBUR C. 1240 NE 13 Ave, Apt. 23 Street Address (P.O. Box Number is Not Acceptable) Ft. Lauderdale, Fl. 33304 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 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE Change Addition ☐ Delete NAME Balgobin, Wilbur C. STREET ADDRESS STREET ADDRESS 1240 NE 13 Ave, # 23 CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, Fl. 33304 TITLE ☐ Change Addition NAME NAME Balgobin, Vidya STREET ADDRESS STREET ADDRESS 1240 NE 13 Ave #23 CITY-ST-7/P CITY-ST-7IP Ft. Lauderdale, Fl. 33304 TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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. OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # WILBUR C BALGOBIN