## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

· 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** May 21 1998 8:00am Secretary of State

DOCUMENT # P9700089838 (1) BBDI INC. Principal Place of Business Mailing Address 12000 BISCAYNE BLVD., STE. 502 12000 BISCAYNE BLVD., STE, 502 MIAMI FL 33181 MIAMI FL 33181 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 ZiD Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BORKAN, BURT 12000 BISCAYNE BLVD., STE. 502 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33181** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am (emiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NQTF: Registered Agent signature required when reinstaling) Signature, typico or pented name of registered agent and title. Capplicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE □ DELETE 1.1 TITLE Change Addition DST **BORKAN, BURT** NAME 1.2 NAME 12000 BISCAYNE BLVD., STE. 502 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33181 CITY-ST-ZIP 14 CHY-ST-ZIP DELETE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DÉLETE TITLE Change ☐ Addition 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Addition Change TITLE 4.1 TITL€ NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - ST - ZIP DELETE TITLE 51 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE ☐ Addition 6.1 TITLE 10000253303 -05/22/98--01031--020 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS \*\*\*150.00

14. 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 annual report or supplemental annual 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 12 or Block 13 if changes to on an exactment with an address.

4/28/08