2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 12970009310 May 04, 2000 8:00 am HUH EDITORIAL SERVICES, INC Secretary of State 05-04-2000 90113 018 \*\*\*158.75 Principal Place of Business 2701 W. DAKKAND PORKBIND. 2701 W. OHKIAND PARH Suita 102 Súlte 102 FT.LAUDERDALE, FL33311 FT. LAUDERDALE FL3331 2. Principal Place of Business 3. Mailing Address 2701 WOAKLYOFTARK BIVD. 2701 W. CAKLAND PARK BIVD -DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. #107 弁10プ 4. FEI Number Applied For City & State City & State Not Applicable FT. LAUDER DALE, FC. 65-0858168 Ft. Lauderdale. Fl **√ \$8.75** Additional 5. Certificate of Status Desired REWARD 33311 BROWARD 23311 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT E HENNESSEE ROBERTE HENNESSEE Street Address (P.O. Box Number is Not Acceptable) 106 LAKE EMERALD DR 106 LAKE ENTRALD DR E)AKLAND PARK, FL 33309 DAKLAND PARK 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 Robart Eblennesser SIGNATURE (Robert & Hermaner 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 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 Fee: Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Change 1 TITLE ROBERT E HENNESSEE PRESIDENT Delete PRESIDENT + SECRETARY MAME POBERT E HENNESSEE 106 LAKE EMERALD DR #301 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C.T. ST-ZIP OAKLAND PARK FL 73309 ☐ Addition ☐ Change Delete TITLE .i.Lz NAME STREET ADDRESS SIREE! ADDRESS CITY-ST-7/P I. St zip ☐ Change ■ Addition TITLE ☐ Delete HILE NAME STREET ADDRESS UTAL: ADDRESS CITY-ST-ZIP ST-ZIF Change ☐ Addition Detete STREET ADDRESS PPARIOTE : ::::: CITY-ST-ZIP ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP ST 785 Change Addition ☐ Delete TITLE NAME STREET ADDRESS ADDOCCE CITY-ST-7IP ST ZIF 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 eath; 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.

ROBERT E HENNESSEE