2000 UNIFORM BUSINESS REPORT (UBR) \mathtt{FILED} DOCUMENT # P97000093446 May 19, 2000 8:00 am Secretary of State HANDS-ON MARKETING, INC. 05-19-2000 90018 038 ***150.00 Mailing Address Principal Place of Business 2500 HOLLYWOOD BLVD., STE. 212 2500 HOLLYWOOD BLVD., STE, 212 HOLLYWOOD FL 33020-6615 HOLLYWOOD FL 33020 2.237 N. Commerce Parkway 3237 N. Commerce Parkway Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0817403 Weston, Fl Not Applicable Weston, Fl Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33326 US 33326 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nammanella, ROSS H. ESQ. MANELLA, ROSE Streez 2ctres NPO CROM Nierberds Not Acceptable) 2500 HOLLYWOOD BLVD #212 HOLLYWOOD FL 33020 Suite #3 City Weston 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. ROSS MANELLA (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition DPS ☐ Delete TITLE TITLE SCHWARTZ, HARRIETTE NAME NAME STREET ADDRESS STREET ADDRESS 2500 HOLLYWOOD BLVD., STE. 212 CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE SCHWARTZ, MITCHELL NAME STREET ADDRESS STREET ADDRESS 2500 HOLLYWOOD BLVD., STE. 212 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition DTVP ☐ Delete TITLE NAME SCHWARTZ, JERRY NAME STREET ADDRESS 2500 HOLLYWOOD BLVD., STE. 212 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE

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 expowered.

CITY-ST-ZIP

NAME STREET ADDRESS

Chariged, or off art attachment with an address, with all other like epipowered.

SIGNATURE: 2

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

HARRIETTE SCHWARTZ

954 3853637