2000 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2000 8:00 am Secretary of State DOCUMENT # 05-11-2000 90003 001 ***150.00 corroration D0047993 2. Principal Place of Business 3. Mailing Address Way 311 InLet 311 Inlet -- ^-- #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Gity & State Beach City & State 4. FEI Number Applied For alm Beach Shores Shores FL 65-0824086 Not Applicable Country \$8.75 Additional US A 5. Certificate of Status Desired 3404 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ByKOV Street Address (P.O. Bax Number is Not Acceptable) Shores Beach 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 04-20-00 Signature, typed or printed name of (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VP ☐ Delete TITLE ☐ Addition Andrei Byrov #13 NAME STREET ADDRESS STREET ADDRESS Palm Beach Shores FL 33404 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change — ☐ Addition-NAME - NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS 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. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)