2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # P98000007821 NEW CENTURY INVESTMENTS, INC. 03-21-2000 90038 032 ***150.00 Principal Place of Business Mailing Address 1301 DOVE STREET #650 1301 DOVE STREET #650 NEWPORT BEACH CA 92660-2449 NEWPORT BEACH CA 92660 A0032469 2. Principal Place of Business 3. Mailing Address 5961 Bellfield Lane 5961 Bellfield Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State Citý & State 4. FEI Number 65-0823255 Huntington Beach, California Huntington Beach, California Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 92648 USA 92648 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u> Allan H. Shore</u> SHORE, H A Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVENUE **MIAMI FL 33131** 1 SE 3rd Avenue ^{City} **Miam<u>i</u>** 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. Allan H. and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Oty/o Change Addition TITLE ☐ Delete TITLE D SHORE, MARK NAME SHORE, MARK NAME CR2F034 STREET ADDRESS STREET ADDRESS 5961 Bellfield Lane 1301 DOVE STREET #650 CITY-ST-ZIP CITY-ST-ZIP Huntington Beach, CA NEWPORT BEACH CA 92660 92648 Change ☐ Addition TITLE ☐ De'ete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP 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 impowered 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 air other like empowered.

BY: Mark Shore Director SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR