2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am DOCUMENT # 998000012394 Secretary of State THE GOLF WIDOW, INC. 05-14-2001 90214 006 ***158.75 Principal Place of Business ADD65445 2. Principal Place of Business 3. Mailing Address 3501 MAGELLAN CIRCLE 3501 MAGELLAN CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #631 631 City & State City & State 4. FEI Number Applied For FL AUENTURA 65-0822948 ANGUTURA Not Applicable \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDSTEIN, DAVID MESQ. Street Address (P.O. Box Number is Not Acceptable) 100 SE SECOND ST. JULIE 2750 MIAMI FL 33131 Zip Code FL 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. SIGNATURE Signature, typed or 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, 2001 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 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (11/00) Change Change Addition TITLE ☐ Delete NAME GOODMAN, TONI NAME STREET ADDRESS 1005€ 2 >1. STREET ADDRESS 3501 MAGELLAN (VICLE #631 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 37121 AUENTURA, FL 33180 TITLE ☐ Delete NAME GUDDMAN NEIL NAME 3501 MAGELLAN CIRCLE #631 STREET ADDRESS 10- SE 2 ST. STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33/60 CITY-ST-ZIP m 12mi, Fex 33131 □ Change ☐ Delete TITLE Addition TITLE 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 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fling 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 trueted employered 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 appears with all other like empowered.

SIGNATURE: _

NEIL GOODMAS 4-30-01