2002 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2002 8:00 am Secretary of State DOCUMENT # P98000026936 1. Entity Name IT'S A DEAL REALTY, INC. 05-03-2002 90029 031 ***150.00 Principal Place of Business Mailing Address 300 N.W. 82 AVENUE 300 N.W. 82 AVENUE SUITE 110 SUITE 110 PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing, Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0836561 Not Applicable \$8.75 Additional 5._Certificate of Status Desired Fee Required -== 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEARMAN, MARK Street Add 300 N.W. 82 AVENUE SUITE 110 PLANTATION FL 33324 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DVS ☐ Delete TITLE Change ☐ Addition NAME DEARMAN, MARK NAME STREET ADDRESS 300 N.W. 82 AVENUE, SUITE 110 150 North University Drive, Suite 200 STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME GERSON, STEVE NAME STREET ADDRESS 150 North University Drive, SUITE 200 300 N.W. 82 AVENUE, SUITE 110 STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324. CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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

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 embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF ME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

CR2E034 (9/01)