2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P98000029447 ZOT, INC. 04-18-2000 90259 007 ***150.00 Mailing Address Principal Place of Business 5200 COCONUT CREEK PARKWAY 5200 COCONUT CREEK PARKWAY MARGATE FL 33063-3915 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address OO N. OCEAN BIND. OCEAN BI Suite, Apt.#, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0852849 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent umber is Not Acceptable) **AMERILAWYER** Street w00D 343 ALMERIA AVENUE CORAL GABLES FL 33134 City ^{Ⴭip}~3°3′0′2 DOOD purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above name SIGNATURE (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, 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 OFFICERS AND DIRECTORS 12. 11. Addition Change **PSTD** TITLE □ Delete TITLE TATE, STEPHEN G NAME NAME STREET ADDRESS STREET ADDRESS 1078 NW 116TH AVE CITY-ST-ZIP CITY-ST-ZIP CORAL SPGS FL 33071 Change Addition TITLE ☐ 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-ZiP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME ķ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

954-979-637

Daytime Phon