2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNA

FILED DOCUMENT # P98000040131 Mar 27, 2000 8:00 am 1. Entity Name **Secretary of State** GRAYDON MARKETING INCORPORATED 03-27-2000 90110 031 ***150.00 Mailing Address Principal Place of Business 10269 HUNT CLUB LANE 10269 HUNT CLUB LANE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33412-1629 629970 2. Principal Place of Business 3. Mailing Address 8811 MARLAMOOR LANE 8811 MARLAMOOR LANE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0832532 Not Applicable WEST PALM BEACH WEST PALM ... BEACH, FLORIDA \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required U.S.A U.S.A. 33142 33142 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERMAN BERMAN, BRIAN M Street Address (P.O. Box Number is Not Acceptable) 8811 MARLAMOOR LANE 10269 HUNT CLUB LANE PALM BEACH GARDENS FL 33418 WEST PALM BEACH 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 (NOTE: Registered Agent signature required when reinstating) distered agent and title if applicable 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 11. OFFICERS AND DIRECTORS 12. DIRECTOR XX Change Addition ☐ Delete TITLE TITLE BERMAN, BRIAN M BRIAN M. BERMAN NAME NAME STREET ADDRESS 8811 MARLAMOOR LANE 10269 HUNT CLUB LANE STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIE WEST PALM BEACH, FLORIDA ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 ☐ Change ☐ Addition ☐ Defete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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.

MARCH ZY 2000 (954) 920-1843