2000 UNIFORM BUSINESS REPORT (UBR) 5/2 FILED Jul 05, 2000 8:00 am Secretary of State DOCUMENT # P98000040801 1. Entity Name LEGAL NOTICE CHANNEL, INC. 05-22-2000 90079 033 \*\*\*150.00 Principal Place of Business Mailing Address 2704 OAKMONT COURT 2704 OAKMONT COURT FORT LAUDERDALE FL 33332 FORT LAUDERDALE FL 33332-1834 2. Principal Place of Business 3. Mailing Address 00 NOT WRITE IN THIS SPACE 65-0906697 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied Fo City & State 4. FEI Number City & State Not Applicable \$8.75 Additional Žip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TAYLOR, KEVIN Street Address (P.O. Box Number is Not Acceptable) 2704 OAKMONT CT FT LAUDERDALE FL 33332 Zip Code 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change Addition CRPECIA SIRES TITLE ☐ Delete TAYLOR, KEVIN Z NAME NAME 2704 OAKMONT COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33332 ☐ Change ☐ Addition C Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition TITLE Change Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee changed, or on an attachment with an add

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

954-969-1558

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Date