PAge of 2 2000 UNIFORM BUSINESS REPORT (UBR) DÖĞÜMENT# \$ 98 80 80 YST Y3 00 AUG 24 PM 2: 58 RED RYNNAR RATERPRISES, INC. SESPETARY OF STATE TALLIANT SEE PERMOA Principal Place of Business Mailing Address 2640 NR. 22M T POMPANO Adh A. 33062 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 68 - 08 3 357-1 Applied For City & State City & State Not Applicable \$8.75 Additional Country Zìp Country Zip 5._Certificate of Status Desired .___ _ _ _ _ _ _ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PONALD ORAKE 8640 NE JOND CT, POMPANO BRACKS PL 33062 Name Street Address (P.O. Box Number is Not Acceptable) 900003383709 -09/06/00--01081--003 *****-1-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) DATE FILE NOWILL FEE IS \$150.00 -9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. 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 11. ., 12. V. PRBS ☐ Change → ddition Delete TITLE Styo NE 20M T NAME STREET ADDRESS STREET ADDRESS WHIPANO BULL PL. 33062 CITY-ST-ZIP CITY-ST-ZIP PRES Addition TITLE Change Delete TITLE DAVID LEUNARDO NAME NAME 26 YONR DIND 9 STREET ADDRESS STREET ADDRESS POMPANO BUB PL. 33062 CITY-ST-ZIP CITY-ST-ZIP -PRES ☐ Change **Addition** TITLE Delete TITLE DAWL CLARK NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete 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-7IP 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 changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

Attn: Tyme

These are the officers that should be or:

Ronald Drake - pres. 2640 NE 22 Ct. Pomp. Bah., FL 33002

Carlos Duran - vice-pres. (same address as above)

David Leonardo - Vice - pres. (Scrime address as above)

Paul Clark Jr. - vice - pres. Same address as above)

Hease call me at (954) 783-1743 if there is implying else I need todo.

Thanks, Mich