2000 UNIFORM BUSINESS REPORT (UBR)

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Jul 12, 2000 8:00 am Secretary of State DOCUMENT # P98000056369 05-24-2000 90196 006 ***150.00 MARATHON-HOLDING, INC. Mailing Address Principal Place of Business 1110 BRICKELL AVENUE PENTHOUSE ONE 1110 BRICKELL AVENUE PENTHOUSE ONE MIAMI FL 33131-3139 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #, etc. 020474 Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREUND, IRWIN Street Address (P.O. Box Number is Not Acceptable) 1110 BRICKELL AVENUE PENTHOUSE ONE MIAMI FL 33131 Zip Code 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) DATE Signature, typed or printed name of registered agent and trile it applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition CR2Fn34 (9/99) ☐ Change Delete TITLE TITLE NAME FREUND, IRWIN NAME STREET ADDRESS 1110 BRICKELL AVENUE PENTHOUSE ONE STREET ADDRESS MIAMI FL 33131 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 TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Dalete TITLE TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-72P CITY-ST-ZIP ☐ Change ■ Addition Delete nnFTITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME MALAC STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. SIGNATURE:

FILED

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