2001 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P98000081708 1. Entity Name SICS Holdings, Inc. 04-19-2001 90063 021 ***150.00 Principal Place of Business Mailing Address 1055 S. Federal Highway 1055 S. Federal Highway Hollywood, FL 33020 Hollywood, FL 33020 C0049230 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable 65-0866903 Zip Ζiρ Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kenneth M. Gordon Street Address (P.O. Box Number is Not Acceptable) 1055 South Federal Highway Hollywood, FL 33020 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. DATE Signature, typed or printed name of registered agent and title if applicable. (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П 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 President TITLE ☐ Delete TITLE NAME NAME Kenneth M. Gordon STREET ADDRESS STREET ADDRESS 1055 S. Federal Highway CITY-ST-ZIP CITY-ST-ZIP Hollywood, FL 33020 ☐ Change Addition TITLE TITLE Secretary X Delete NAME NAME Susan M. Gordon STREET ADDRESS STREET ADDRESS 1055 S. Federal Highway CITY-ST-ZIP CITY-ST-ZIP Hollywood, FL 33020 ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE ŢĮŦĿĔ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

13. Thereby 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 attach

4/13/01

954-922-1822

Daytime Phone #