2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 12, 2001 8:00 am Secretary of State DOCUMENT # P98000093626 ONTARGET GLOBAL INCORPORATED 02-12-2001 90223 042 ***150.00 Principal Place of Business Mailing Address 4102 N 50TH AVE 4102 N 50TH AVE HOLLYWOOD FL 33021-1617 HOLLYWOOD FL 33021-1617 2. Principal Place of Business 3. Mailing Address QOSI N. LAKE PARK DIRELL 2051 N. LAKE BARK CIRCLE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0876557 DAVIE DAVIE Not Applicable Country Zip 35528- 7004 Country \$8.75 Additional 5. Certificate of Status Desired 33328-700U BROWARD BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JA 0085 HAROLD JACOBS, HAROLD I Street Address (P.O. Box Number is Not Acceptable) 4102 N 50TH AVE HOLLYWOOD FL 33021-1617 N. LAKE PARK CIRCUS Zip Code 3332 P DAVIE 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 PRESIDENT 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. ☐ Delete Change ☐ Addition TITLE JACOBS, HAROLD I JACOBS NAME NAME HAROLD I STREET ADDRESS 4102 N 50TH AVE STREET ADDRESS N. LAKE PARK CIRCLE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021-1617 FL 33328-7004 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete -TITLE ☐ Change Addition-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 of Rustee 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.

CITY-ST-ZIP

HARUDD I. TACOBS SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP