FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2002 8:00 am Secretary of State DOCUMENT # P99000006934 1. Entity Name DDB CORPORATION 02-19-2002 90072 013 ***158.75 and and and Principal Place of Business Mailing Address 17600 NW 68TH AVE PO BOX 382151 B-2008 **MIAMI FL 33138** HIALEAH FL 33015 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0893285 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required * 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GILL, A. WAYNE ESQ. Street Address (P.O. Box Number is Not Acceptable) 1499 W PALMETTO PARK RD 312 **BOCA RATON FL 33486** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9.º This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be ¿ ¿ŢTax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees :::((See criteria,on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE CR2E034 (9/01 Change Addition BATEAU, MARYSE NAME 404 BERMUD SPRINGS STREET ADDRESS STREET ADDRESS CITY-ST-ŽIP WESTON FL 33326 CITY-ST-ZIP TITLE Change ☐ Delete TITLE Addition FILS-AIME, DANIEL JR. 17600 NW 68TH AVE (UNIT B NAME FILS-AIME, DANIEL JR. NAME -9008) STREET ADDRESS 14524 SW 105TH COURT STREET ADDRESS HIALEAN, FL 33015 CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP ☐ 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 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attachment with an appears, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR