2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P9900009353 MARK SCOTT DESIGNS, INC. 03-02-2001 90052 002 ***150.00 Mailing Address Principal Place of Business 1855 GRIFFIN ROAD, SUITE A 473 3272 HIGHWAY 17-NORTH DANIA FL 33004 CREEN COVE SPRINGS FL 02040 1410112 2. Principal Place of Business 3. Mailing Address 3991 PEMBROKE ROAD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. BLDNG.HT-3 BAY 2-3R Applied For City & State City & State 4. FEI Number 65-0891647 Not Applicable HOLLYWOOD FLORIDA Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 33021 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOEL M. SUBNICK AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE S.E. 3RD AVENUE, 28TH FLOOR--MIAMI FL 39131-#906 2500 EAST LAS OLAS BLVD. City FT. LAUDERDALE FL 33301-1586 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. M. Subnick SIGNATURE me of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 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. 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 FFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete D NAME SUBNICK, JOEL M STREET ADDRESS 2500 EAST LAS OLAS BLVD #906 9991 PEMBROKE ROAD CITY-ST-ZIP HOLLYWOOD FL 33021 FT.LAUDERDALE, FL. 33301-1586 TITLE ☐ Delete NAME **BOULTON, RICHARD** 17305 SOUTHWEST 8th. STREET STREET ADDRESS 9994-PEMBROKE ROAD-PEMBROKE PINES, FL. 33029 CITY-ST-ZIP HOLLYWOOD FL 33021-☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change | ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

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 upport 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 trusted 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 adaction with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel M. Subnick Pres //au/61 954 923 8468 Daytime Phone #