| 2001   | UNI               | FORM BUSI   | NESS REPO  | RT                      | (UBF                                     | R)                      |   | FILEI                              | )              |                       |                  |         |
|--|-------------------|---|--|-------------------------|--|-------------------------|---|------------------------------------|----------------|-----------------------|------------------|---------|
| DOCUMENT # P9900018410  1. Entity Name ALADDIN USA CORPORATION |                   |   |  |                         |  |                         | Apr 24, 2001 08:00 AM<br>Secretary of State         |                                    |                |                       |                  |         |
| Principal Place of Business 1015 s CONGRESS AVE                |                   |   | Mailing Address  |                         |  |                         |   |                                    |                |                       | -                |         |
| WEST PALM BEACH FL<br>33406                                    |                   |   | WEST PALM BEACH FL<br>33406  |                         |  |                         |   |                                    |                |                       |                  |         |
| 2. Principal Place of Business<br>1015 SOUTH CONGRESS AVENUE   |                   |   | 3. Mailing Address 1015 SOUTH CONGRESS AVEN  | UE                      | -  |                         |   |                                    |                |                       | -                |         |
| Suite, Apt.  | #, etc.           |   | Suite, Apt. #, etc.  |                         |  |                         | DO NOT WRITE IN THIS SPACE                          |                                    |                |                       |                  |         |
| City & State WEST PALM BEACH FL                                |                   |   | City & State<br>west palm beach fl   |                         |  |                         | 4. FEI Number Applied For 65-0902798 Not Applicable |                                    |                |                       |                  |         |
| Zip Country 33406 Us   |                   | Zip Count<br>33406 Us   |  | try                     | 5. Certificate of Status Desired  \$8.75 |                         |   |                                    | \$8.75 Add     | ditional              | 1                |         |
| - · · · · · · · · · · · · · · · · · · ·                        | 6. Name           | and Address of Current  | Registered Agent   |                         |  |                         | 7. Name and Add                                     | dress of New R                     | egistered      |                       |                  | -       |
| VANOVER<br>1015 S CON  | TERI<br>GRESS AVE |   |  |                         | Name VANOV Street Ac 1015 SO             | ddress (P               | TERRIE L<br>O. Box Number is<br>NGRESS AVENUE       | Not Acceptable                     | )              | . <u></u> .           |                  | _       |
| WEST PALI<br>33406   | M BEACH           | US  | L  |                         | City                                     |                         |   |                                    | FI             | Zip Cod               | - <u>.</u><br>le | _       |
| 8. The above   | named entit       | v submits this statement for  | the purpose of changing its  | registere               |  | ALM BEA                 |   | the State of Ele                   |                | 33406                 |                  | 4       |
| 9. This corpo  | Signature, typed  | TE L VANOVER or printed name of registered agent a  ible to satisfy its Intangible and elects to do so. |  | !! FEE<br>01 Fee        | IS \$150.I<br>will be \$5                | 00<br>550.00            | Sect of Truct 5                                     | n Campaign Fin<br>und Contribution | DATE<br>ancing |                       | 00 May Be        |         |
| 11.  |                   | OFFICERS AND  | DIRECTORS  | 12.                     |  |                         | ADDITIONS/CH/                                       | ANGES TO OFFI                      | CERS AN        | D DIRECTOR            | S IN 11          | -       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                          |                   | R PAULINE<br>DNGRESS AVE<br>LM BEACH  | ☐ Delete  FL 33406   | I                       |  |                         | VER PAULI<br>OUTH CONGRESS<br>PALM BEACH            |                                    | FL             | Change                | ☐ Addition       | 34 (11) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                          |                   | R TERRIE L<br>DNGRESS AVE<br>LM BEACH   | Delete ,   |                         |  |                         | VER TERRI<br>OUTH CONGRESS<br>PALM BEACH            |                                    | FL             | Change                | Addition         | CR2E00  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                          |                   | R VINCENT S<br>DNGRESS AVE<br>LM BEACH  | ☐ Delete  FL 33406   | TITLE<br>NAM<br>STRE    |  | PCEO<br>VANO<br>1015 Se |   |                                    | FL             | <b>№</b> Change 33406 | ☐ Addition       | -       |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                       |                   |   | ☐ Delete   |                         |  |                         |   | <u> </u>                           | <u>.</u>       | Change                | ☐ Addition       |         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                          |                   |   | ☐ Delete   |                         |  |                         |   |                                    |                | ☐ Change              | ☐ Addition       |         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                          |                   |   | ☐ Delete   |                         |  |                         |   |                                    | -              | Change                | ☐ Addition       |         |
| of the cor   | poration or ti    | n or supplemental report is<br>ne receiver or trustee emoc  | this filing does not qualify for<br>true and accurate and that n<br>wered to execute this report<br>/ith all other like empowered. | ny signai<br>as recivit | TIFA CHAIL H                             | ava tha c               | ama laggi ottogt og                                 | if made under a                    | المصطفيطفص     | am an afficac         | ar disastar      |         |

CEO

04/24/2001 Date

Daytime Phone #

SIGNATURE: Vincent S Vanover SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR