2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025986 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name C-CRAFT, INC. 04-21-2000 90011 004 ***150.00 Principal Place of Business Mailing Address 575 CRANDON BLVD #911 575 CRANDON BLVD #911 KEY BISCAYNE FL 33149-1868 KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address 207 EAST ENIO 207 EAST ENID DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State FlorIDA CEN BISCAYNC FIORIOM Not Applicable ey Biscaya e Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KRAVETZ, SCOTT H Street Address (P.O. Box Number is Not Acceptable) 200 S BISCAYNE BLVD STE 2500 MIAMI FL 33131 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. DRESIDENT + CEO ☐ Delete Addition TITLE TITLE DAVID H. DUNBAR NAME NAME 207 E. ENID Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Key BISCAYNE, FL 33149 CITY-ST-ZIP thier opening officer ☐ Change Addition A ☐ Delete TITLE Thomas R. BIRT, JR. 255 SUNRISE DRIVE #210 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Key BISCAYNE, VICE President Addition Addition ☐ Change ☐ Defete TITLE TITLE ART BOLOGH, JR. NAME 184 CLANDON BLUD, STE 313 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 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 address, with all other like empowered.

SIGNATURE: DAVID H. DOLON 4/12/06 305-557-9004
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daysime Phone # X (2)

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