2000 UNIFORM BUSINESS REPORT (UBR) FILED May 30, 2000 8:00 am DOCUMENT # P99000026181 1. Entity Name Secretary of State X3, INC. 05-30-2000 90055 020 ***150.00 Mailing Address Principal Place of Business 501 NORTH 21ST AVENUE 501 NORTH 21ST AVENUE HOLLYWOOD FL 33020-4014 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 2043 P.O. BOX 220560 MADISON ST. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State GORIDO Not Applicable GOOWYJJOH HOLLYWOOD \$8.75 Additional Zip 5. Certificate of Status Desired 33022-0560 BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code FL 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) DATE 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition 75D PSD ☐ Delete TITLE NAME **S**ASSI, TEDY SASSI, TEDY 2043 MADISON ST. STREET ADDRESS **501 NORTH 21ST AVENUE** STREET ADDRESS HOLLYWOOD, FL. 33020 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 Addition ☐ Change VTD ☐ Delete TITLE TITLE LEVY, LEHRMANN @ NAME LEVY, LEHRMANN NAME 2043 MADISON ST. STREET ADDRESS STREET ADDRESS **501 NORTH 21ST AVENUE** HOLLYWOOD, FL. 33020 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ 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 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR