2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State DOCUMENT # P99000026732 1. Entity Name 05-16-2001 90205 009 ***150.00 ISPHOLLYWOOD, INC. Principal Place of Business Mailing Address 4313 HOLLYWOOD BLVD., STE. 208 4313 HOLLYWOOD BLVD., STE. 208 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 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 65-0905131 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME DELANE, CHARLES E STREET ADDRESS STREET ADDRESS 4313 HOLLYWOOD BLVD STE 208 CITY-ST-ZIP CITY-ST-7/P HOLLYWOOD FL 33021 Change ☐ Addition ☐ Delete TITLE TITLE VD NAME NAME DELANE, MARTHA G STREET ADDRESS STREET ADDRESS 4313 HOLLYWOOD BLVD STE 208 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Addition Change TITLE TITLE STD ☐ Defete NAME NAME DELANE, CHARLES E II STREET ADDRESS STREET ADDRESS 4313 HOLLYWOOD BLVD STE 208 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition 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.

FILED