FILED May 20, 2002 8:00 am Secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)** P99000035010 DOCUMENT # 05-20-2002 90039 006 ***150.00 BF ACQUISITION GROUP IV, INC. Principal Place of Business Mailing Address 319 CLEMATIS STREET, SUITE 812 319 CLEMATIS STREET. SUITE 812 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 2501 Turk Blvd. 2501 Turk Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0913586 San Francisco,California San Francisco, California Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 98118 98118 Fee Required USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent __Name_ BOVI, DAVID M Street Address (P.O. Box Number is Not Acceptable) 319 CLEMATIS STREET, SUITE 812 WEST PALM BEACH FL 33401 City Zip Code 8. The above named entity subits this statement for ᡝ purpose of changing its registered office or registered agent, or both, in the State of Florida. und M. Bovi SIGNĂTURE ent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 XX Delete CE₀ TITLE TITLE ☐ Change ☐ Addition BOVI, DAVID M NAME NAME 319 CLEMATIS STREET, SUITE 812 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE **XX**Change ☐ Addition CEO / P/T COLUCCI, WILLIAM R NAME NAME Colucci, William R. 120 SO. OLIVE AVE #705 STREET ADDRESS STREET ADDRESS 2501 Turk Blvd. WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP San Francisco, California 981 TITLE Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE!

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

(415)831-1974

Daytime Phone #