DOCUMENT # P9900036883 1. Entity Name						7.	a significant terms of the significant state o		
MARCH VENTURES II, INC.							FILED		
Principal Place of Business Mailing Address						\dashv	OI MAR 22 PM 1: 30		
7695 S.W. 104TH ST. STE. 210 Miami Fl 33156			7695 S.W. 104TH ST. STE. 210 MIAMI FL 33156				SECRETARY OF STATE TALLAHASSEE FLORIDA		
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE		
City & State			City & State				FEI Number Applied For Not Applicable		
Zip Country			Zip Country		try		Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
LITTMAN, ERIC P					Name				
7695 S.W. 104TH ST. STE. 210					Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33156									
					City		FL Zip Code		
SIGNATURE Signature, typed or printed name of registered agent 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stal				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11,		RS AND DIR		12.	spartinent or St		DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPD LITTMAN, ERIC P 7695 S.W. 104TH ST. ST MIAMI FL 33156		☐ Delete	TITLE NAMI STRE			Change Addition 2000039124027 -03/27/0101077001		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		J		***5490.00 ****150.00 Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			C] Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>		☐ Delete		j		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete				Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete				Change		
indicated	on this report or supplemental	report is true	e and accurate and that m	y signat	ure shall have the	same l	119.07(3)(i), Florida Statutes, I further certify that the information legal effect as if made under oath, that I am an officer director de Statutes; and that my name appears in Block 11 or Block 12 if		

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 changed, or on an attachment with an address, with all others. With all others like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/1/22/01

305 (103332)

Daytime Phone #