2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: STEPHEN STERN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P9900038166 May 18, 2000 8:00 am Secretary of State 1. Entity Name BAJI COM, INC. 05-18-2000 90340 043 ***150.00 Principal Place of Business Mailing Address 11920 N.W. 87TH COURT 11920 N.W. 87TH COURT HIALEAH GARDENS FL 33018-1912 HIALEAH GARDENS FL 33018 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0931927 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GELCH, GARY D Street Address (P.O. Box Number is Not Acceptable) 8751 W. BROWARD BOULEVARD SUITE 408 PLANTATION FL 33324 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 (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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE NAME STERN, STEPHEN STREET ADDRESS STREET ADDRESS 11920 N.W. 87TH COURT CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL 33018 Change ☐ Addition TITI F ☐ Delete TITLE NAME STERN, BRETT NAME STREET ADDRESS STREET ADDRESS 11920, N.W. 87TH COURT. CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL 33018 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP 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 impowered.

(305) 364–0040