2/ 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000053824 Jul 21, 2000 8:00 am Secretary of State 1. Entity Name MARKER 90.4 CORPORATION 02-25-2000 90002 028 ***150.00 Principal Place of Business Mailing Address 90400 OVERSEAS HIGHWAY 90400 OVERSEAS HIGHWAY **TAVENIER FL 33070-2449** TAVENIER FL 33070 2. Principal Place of Business 3. Mailing Address SAME 900800 OVERSEAS DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For ty & State 65-0766636 Not Applicable シピスペリピス Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PINEDA, JOSE Street Address (P.O. Box Number is Not Acceptable) ~90400 OVERSEAS HIGHWAY -**TAVENIER FL 33070** 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 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 \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TUSE PINEDA HUY CR2E034 (9/99 ☐ Delete IIILE TITLE D NAME PINEDA, JOSE NAME STREET ADDRESS STREET ADDRESS -90400 OVERSEAS HIGHWAY TAVERNIER PLA 33070 CITY-ST-ZIP CITY-ST-ZIP TAVENIER FL 33070 🖎 Change ☐ Addition TITLE TITLE ☐ Delete 900 800 OVERSETES NAME IRUJO, CELIA NAME STREET ADDRESS STREET ADDRESS 90400 OVERSEAS HIGHWAY-TAVERNIER 330 Z3 CITY-ST-ZIP CITY-ST-ZIF TAVENIER FL 33070 Addition ☐ Change TITLE Delete --TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIA Change - Addition Delete TITLE DTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition TILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Change Addition Delete TITLE TITLE NAME NAME

CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 cath; 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: .

STREET ADDRESS