FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90165 005 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000076045

1. Entity Name
EAPPEALSOLUTIONS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
326 FIST STREET	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH 33140	City & State
Zip: FL / Country: USA	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0976979 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: KRAMER, PETER ESQ

Street Address (P.O. Box Number is Not Acceptable):
C/O STEEL HECTOR & DAVIS, LLP
200 SOUTH BISCAYNE BLVD, STE 400

City: MIAMI — FL — Zip Code: 33131

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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its mandatory Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	KRAMER, PETER ESQ
STREET ADDRESS	326 FIST STREET
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	PRESIDENT
NAME	WILLIAM D KIRSH
STREET ADDRESS	326 FIST STREET
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	DIRECTOR
NAME	BRICE KANE
STREET ADDRESS	326 FIST STREET
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TITLE OR STATUS OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM D. KIRSH — 4/19/02 — 305-534-7174