2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 07, 2003 8:00 am \$ Secretary of State 104-07-2003 90177 000 P99000068594 DOCUMENT # 1. Entity Name U.S. DIRECT GROUP, INC. Principal Place of Business Mailing Address 5311 LAKE WORTH RD 7705 DAVI€ ROAD L EXTENSION LAKE WORTH FL 33463 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address 7705 DAVIEROAD EXTENSION Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES Applied For Çjty & State City & State 4. FEI Number 65-0941665 FL HOLLY WOOD Not Applicable Zip Country 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 Name SEWELL, THOMAS - - ----Street Address (P.O. Box Number is Not Acceptable) 7705 DAVIE ROAD EXTENSION HOLLYWOOD: FL 33024 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. I am familiar with, and accept the obligations of registered agent. 119 12 SIGNATURE[®] Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Addition ☐ Delete TITLE PRESTON, ROBERT NAME NAME 5230 N 35TH ST STREET ADDRESS STREET ADDRESS 3302-1 HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete 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-7IP CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME

12. I hereby certify that the information upplied 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 suppler of the corporation or the receiver In a 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 trustee empowered to execute this report as required by Chapter 607, Florida Statyles; and that my name appears in Block 10 or Block 11 if changed, or on an attach

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP