2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT# P99000078356 May 13, 2000 8:00 am 1. Entity Name Secretary of State Killer Life Industries, Inc. 05-13-2000 90030 046 ***150.00 Principal Place of Business Mailing Address 3550 Biscayne Boulevard Suite 600 33137 Florida Miami. 2. Principal Place of Business 3. Mailing Address 00089755 1245 Pennsylvania Ave. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 3 Applied For 4. FEI Number City & State City & State Not Applicable <u>Florida</u> Miami Beach; Country \$8,75 Additional Country Zip 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent Name Bobby Radical Michael I. Santucci, P.A. 4901 North Federal Highway, Suite 440 Street Address (P.O. Box Number is Not Acceptable)
1245 Pennsylvania Avenu Fort Lauderdale, Florida 33308 Suite 3 ^{City}Miam<u>i</u> Beach Zip Code 33139 8. The above famed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 04/28/2000 Bobby Radical, R.A. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ire, 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. **K** Change ☐ Delete TITLE Bobby Radical Bobby Radical NAME NAME STREET ADDRESS 1245 Pennsylvania Ave., 3550 Biscayne Boulevard, #600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami Beach, Florida 33139 Miami, Florida 33137 Change ☐ Addition TITI F TITLE NAME NAME Angel Sanchez STREET ADDRESS STREET ADDRESS 3550 Biscayne Boulevard, #600 CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33137 ☐ Delete TITLE ~ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE 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 ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of rustee 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 attackment with an addless, with all other like empowered.

Bobby Radical, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

04/28/2000 (305)962-6774