FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2002 8:00 am Secretary of State DOCUMENT # P99000082832 1. Entity Name 04-21-2002 90843 005 ***150 00 BLM FINANCIAL, INC. Principal Place of Business Mailing Address 1741 SW 14TH COURT 1741 SW 14TH COURT FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0949482 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANNING, BRIAN Street Address (P.O. Box Number is Not Acceptable) 1741 SW 14TH COURT FT. LAUDERDALE FL 33312 City Zio 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME MANNING, BRIAN NAME STREET ADDRESS 1741 SW 14TH COURT STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MANNING, BRIAN NAME STREET ADDRESS 1741 SW 14TH COURT STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 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, without other like empowered.

SIGNATURE

SIGNATURE AND SPEED OR FRINTED NAME OF ALGUING OFFICER ON DIRECTOR PRESENTED IN THE STATE OF THE

04/09/02 Date

X 939-110-060 Daytime Phone #