FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 13, 2000 8:00 am Secretary of State OCUMENT # **P99000086261** 04-13-2000 90046 002 ***150.00 LP PUBLISHING, INC. Mailing Address iliicipal Place of Business ■ SOUTH RIDGEWOOD AVENUE 2750 SOUTH RIDGEWOOD AVENUE 636549 BEACH FL 32114 DAYTONA BEACH FL 32119-3599 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3605255 Applied For City & State City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROTENBERG, JEROME Street Address (P.O. Box Number is Not Acceptable) 4 OLD KINGS ROAD NORTH SUITE B PALM COAST FL 32137 Zip 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, DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** Change ☐ Addition TITLE TITLE ☐ Delete POZNYAK, LEONID NAME NAME STREET ADDRESS 18 BUTTERMILL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 Change Addition ☐ Delete TITLE TITLE POZNYAK, LEONID NAME VAME **18 BUTTERMILL DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 . Addition-Delete -TITLE ITLE-NAME VAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete NAME 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 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.

LEONID LEONID SIGNATURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR