2001 UNIFORM BUSINESS REPORT (UBR) May 14, 2001 8:00 am Secretary of State DOCUMENT # P99000099372 1. Entity Name FACT GROUP, INC. 05-14-2001 90076 048 ***150.00 Principal Place of Business Mailing Address 4907 SHERIDAN ST 4907 SHERIDAN ST HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3833 N G LCLE DL 3. Mailing Address. CIRCLE DE 3833 N Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 15tate WWOOD City & State OLLYWOOD 4. FEI Number Applied For 65-0960988 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABRAMSON, EDWARD J Street Address (P.O. Box Number is Not Acceptable) 7270 N.W. 12TH STREET SUITE 580 MIAMI FL 33126 City Zip Code 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, 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** Mav Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. TITLE PD ☐ Delete TITLE SAME ☐ Addition SAME 3833 NCIRCLE DR NAME IBANEZ, GUSTAVO T NAME STREET ADDRESS STREET ADDRESS 4907 SHERIDAN ST HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete TITLE Change ☐ Addition TITLE CRESPO, JAIME D NAME NAME 1907 SHERIDAN ST STREET ADDRESS STREET ADDRESS 4907 SHERIDAN ST CITY-ST-7IP CITY-ST-ZI HOLLYWOOD, FL 3302 HOLLYWOOD FL 3302 ☐ Addition TITLE ☐ Delete TITLE X Change CRESPI, JAIME D. NAME NAME 3833 N' CIPCLE DR STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 in powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information suppli indicated on this report or suppler of the corporation or the receiver changed, or on an attachment w

PAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: