2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000106247 1. Entity Name JANUARY, INC. Mailing Address Principal Place of Business 915 MIDDLE RIVER DRIVE ### MIDDLE RIVER DRIVE 506 SUITE 506 FORT LAUDERDALE FL 33304 LAUDERDALE FL 33304 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt. #, etc. City & State City & State

Zip

Country

MORAITIS, GEORGE R ESQ.

FORT LAUDERDALE FL 33304

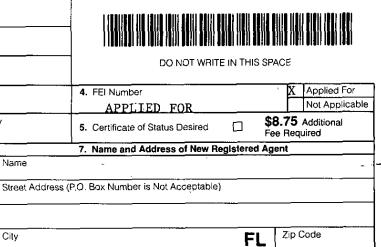
915 MIDDLE RIVER DRIVE

SUITE 506

6. Name and Address of Current Registered Agent

FILED May 17, 2000 8:00 am Secretary of State

05-17-2000 90866 040 ***150.00



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) 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE D/VP/S ☐ Delete NAME Feig, Jamie FEIG. JAMIE STREET ADDRESS STREET ADDRESS 7268 MANDARIN DRIVE 7268 Mandarin Drive CITY-ST-ZIP Boca Raton, FL 33433 CITY-ST-ZIP **BOCA RATON FL 33433** D/P/TChange Delete TITLE TITLE Levien, Jan LEVIEN, JAN NAME NAME 7268 Mandarin Drive STREET ADDRESS 7268 MANDARIN DRIVE STREET ADDRESS CITY-ST-7IP Boca Raton, FL 33433 CITY-ST-ZIP **BOCA RATON FL 33433** Addition Change Delete_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME 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

Country

Name

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 affactment with an address, with all other like empowered.

SIGNATURE

Zip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR