2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am DOCUMENT # **P99000109735** 1. Entity Name Secretary of State MALYN ENTERPRISES, INC. 05-08-2000 90145 005 ***150.00 Principal Place of Business Mailing Address 7116 GULF BLVD., STE, E 7116 GULF BLVD., STE. E ST. PETE BEACH FL 33706 ST. PETE BEACH FL 33706 2. Principal Place of Business 3. Mailing Address 12601 Automobile Blvd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Clearwater, FL 33762 52-2206676 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCNAMARA, TERRANCE P ESQ. Street Address (P.O. Box Number is Not Acceptable) 7116 GULF BLVD., STE. E ST. PETE BEACH FL 33706 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State \Box (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE X Xelete TITLE MCNAMARA, TERRANCE P ESQ. NAME NAME STREET ADDRESS 7116 GULF BLVD., STE. E STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ST. PETE BEACH FL 33706 Addition Change ☐ Delete TITLE P,TD Malcolm Horton NAME STREET ADDRESS 12601 Automobile Blvd. STREET ADDRESS Clearwater, FL 33762 CITY-ST-7IP CITY-ST-ZIP V,S,D X Addition TITLE TITLE □ Delete Lynne-Horton NAME NAME STREET ADDRESS 12601 Automobile Blvd. STREET ADDRESS CITY-ST-7IP Clearwater, FL 33762 CITY-ST-ZIP ☐ Change Addition TITLE Delete 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-7IP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P

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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME O Malcolm Horton,