2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 05, 2003 8:00 am Secretary of State DOCUMENT # P99000110677 1. Entity Name 05-05-2003 90289 009 ***150.00 OZ CLOTHING, INC. Principal Place of Business Mailing Address 933 CORAL CLUB DR. 933 CORAL CLUB DR. CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address 471 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0980372 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Brower 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent OZGOVDE OZGOVDE, SELIM 933 CORAL CLUB DR. CORAL SPRINGS FL 33071 8. The above nampt entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE gistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After MAY IT 200 FEE will be \$550.00 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: Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE D ☐ Delete TITLE OZGOUDE NAME OZGOVDE, SELIM NAME 71 NW 36AV STREET ADDRESS 933 CORAL CLUB DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dełete 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 TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-71P 13. I hereby certify that the information supplied with this filling 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED