2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # S03326** 1. Entity Name NOVA TYPING SERVICES, INC. 04-27-2000 90016 029 ***150.00 Principal Place of Business Mailing Address 301 N. PINE ISLAND RD. 301 N. PINE ISLAND RD. STF 204 STE. 204 PLANTATION FL 33324 PLANTATION FL 33322-5553 บร Principal Place of Business 3. Mailing Addres Camponelli Aud. N. 524 (ampanel DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0221070 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent SLATTERY, RUTH ampane like Acceptable 301 NORTH PINE ISLAND ROAD SUITE 204 PLANTATION FL 33324 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition CR2E034 (9/99) TITLE Delete TITLE ☐ Change SLATTERY, RUTH NAME NAME STREET ADDRESS 301 N. PINE ISLAND ROAD #204 STREET ADDRESS CITY-ST-7# PLANTATION FL CITY-ST-7IP 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 CHY-ST-ZIP COY-ST-7/8 ☐ Change TITLE Addition TIRE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Addition Change NAME MARKET

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 cath; 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.

STREET ADDRESS

City-st-Zip

STREET ADDRESS

CITY-ST-ZIP

May 18, 2000 8:00 am Secretary of State