FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 29, 2002 8:00 am Secretary of State S24300 **DOCUMENT #** 1. Entity Name GOAL PUBLICATIONS COMMUNICATIONS. INC. 05-29-2002 90732 029 ***158.75 Principal Place of Business Mailing Address P.O. BOX 5254224F. 221 SW 22ND AVE MIAMI FL 33152 B0122872 Berg Office The 218 MIAMI FL 33135 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0308627 Not Applicable Zip Country Country \$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 Name DINIZ SILVA, ROSANGELA Street Address (P.O. Box Number is Not Acceptable) 1820 W. 53RD ST. HIALEAH FL 33012 City 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 Signature, typed or printed name of registered agent and title if applicable. (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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete Change ☐ Addition WOLF R. NAUJOCK 221 SW 22MD AVE, #218 DINIZ SILVA, ROSANGELA NAME NAME 1820 W 53RD CT CR2E034 STREET ADDRESS STREET ADDRESS HIALEAH FL CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33/35 ☐ Delete TITLE X Change ☐ Addition ALVES, DEIVIDE D 221 SW 22" AVE#218 ALVES. DEEVIDE D NAME NAME 221 SW 22ND AVE # 218 STREET ADDRESS STREET ADDRESS MIAMI FL 33135 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33/35 ☐ Delete TITLE Change ☐ Addition BRANDAO, ALISON D NAME NAME STREET ADDRESS 221 SW 22ND AVE # 218 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33135 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: :

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIE

CITY-ST-ZIP

☐ Delete

05/22/02 305 644 - 1632 Dayline Phone #

Change

☐ Addition