2000 UNIFORM BUSINESS REPORT (UBR) Apr 21, 2000 8:00 am Secretary of State **DOCUMENT # \$77583** FENIO, INC. 04-21-2000 90136 049 ***150.00 Principal Place of Business Mailing Address 5933 RAVENSWOOD RD. 2750 OCEAN CLUB BLVD. FT. LAUDERDALE FL 33312 #107 HOLLYWOOD FL 33019-3914 2. Principal Place of Business 3. Mailing Address 5601 POWERLINE ROAD 5601 POWERLINE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE VITE 201 SUITE 201 4. FEI Number Applied For City & State City & State 65-0291864 LAVDER DALE, FL FT. LAVDERDALE. Not Applicable Country **\$8.75** Additional 5. Certificate of Status Desired 309 USA Fee Required 309 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FENIO, KENNETH G Street Address (P.O. Box Number is Not Acceptable) 2750 OCEAN CLUB BLVD. #107 HOLLYWOOD FL 33019 Zip Code City 3. 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DP ☐ Addition Change ☐ Delete TITLE FENIO, KENNETH G. NAME NAME STREET ADDRESS STREET ADDRESS 2750 OCEAN CLUB BLVD APT #107 CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33019 ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Londo Jana President LENNETH G. FENIO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

954-492-8737

Daytime Phone #