FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 17, 2002 8:00 am Secretary of State **DOCUMENT #** S98129 1. Entity Name CHICKEN LICKIN, INC. 05-17-2002 90002 036 ***150.00 Principal Place of Business Mailing Address 12167 COUNTRY GREENS BLVD 12167 COUNTRY GREENS BLVD 460116 **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 306 BUTTONWOOD 306 BUTTONWOOD City & State City & State 4. FEI Number Applied For 65-0200991 BOYNTON BOYNTON BEACH Not Applicable ^{Zip} 33436 Country し、こ、 \$8.75 Additional ひらん 5. Certificate of Status Desired 33436 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLEIMAN, LARK KLEIMAN, LARRY Street Address (P.O. Box Number is Not Acceptable) 12167 COUNTRY GREENS BLVD **BOYNTON BEACH FL 33437** 306 BUTTONWOOD LN. City BOYNTON BEACH 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITI F ☐ Delete TITLE ☐ Addition NAME KLEIMAN, LARRY NAME 12167 COUNTRY GREENS BLVD STREET ADDRESS 306 BUTTONWOOD LN. BOYNTON BEACH FL. 33436 STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP TITLE Delete TITLE KLEIMAN, LARRY NAME NAME 12167 COUNTRY GREENS BLVD STREET ADDRESS 306 BUTTONWOOD LN. STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP BOYNTON BEACH FL. 33436 -- - □ Delete - -. Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition 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 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 OF SIGNING OFFICER OF

NEONIARRY KLEIMAN 4/26/02 561-739-9691
Date Dayline Phone #