FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 28, 2002 8:00 am § Secretary of State DOCUMENT # V20734 1. Entity Name AXISTAR, INC. 05-28-2002 91512 019 ***150.00 Principal Place of Business Mailing Address 8035 NOREMAC AVE. 2408 N.E. 22 TERRACE MIAMI BEACH FL 33141 2408 N.E. 22 TERRACE FT. LAUDERDALE FL 33305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0326967 Not Applicable Zip Zip 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAYNE, TODD S ESQ. Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD. SUITE 400 NORTH HOLLYWOOD FL 33021 City Zip Code 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 Tax filling requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/01) ☐ Addition WAGMAN, BENJAMIN NAME STREET ADDRESS 2408 N.E. 22 TERACE STREET ADDRESS CR2E034 CITY-ST-ZIP FT. LAUDERDALE FL 33305 CITY-ST-ZIP TITLE ☐ Delete ☐ 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information scapplied 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 applemental 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 feetiver of fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

☐ Delete

Daytime Phone #

☐ Change

☐ Addition