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FLORIDA DEPARTMENT OF STATE

PROFIT

SIGNATURE:

CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 5 DIMENTO CORPORATIONS 1996⊊ [DOCUMENT # Corporation Name RICHMOND REPORTING, INC. Mailing Address Principal Place of Business 5200 NE 14TH WAY 5200 NE 14TH WAY STE. 306 STE. 306 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 3a. Date of Last Report 3. Date Incorporated or Qualified 05/19/1992 12/05/1995 4. FFI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0333888 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing City & State City & State \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zφ Zipi Yes No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RICHMOND, NANCY Street Address (P.O. Box Number is Not Acceptable) 82 5200 NE 14TH WAY 83 STE. 306 FT. LAUDERDALE FL 33334 Zip Code 85 RΔ City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ž E DELETE Change Addition 1 1 TITLE TITLE RICHMOND CR2E034 **PICKMOND, NANCY** 1.2 NAME NAME 5200 NE 14TH WAY, STE. 306 13 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33334 14 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIE ☐ Change ☐ Addition DELETE 3 1 71TLE TITLE 3.2 NAME NAME **33 STREET ADDRESS** STREET ADDRESS 3.4 CHTY - \$1 - ZIP CITY-SI-ZIP Addition DELETE 4 1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5. 1 THILE TITLE 5.2 NAME ΝΑΜί 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Add:tion 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 13 if changed, or or any attachment with an address.

HANLY RICHMOND