2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # V39993** May 07, 2000 8:00 am Secretary of State 1. Entity Name J.S.L. ENTERPRISES OF ORLANDO, INC. 05-07-2000 90011 039 ***150.00 Principal Place of Business Mailing Address 180 PARK ROAD 180 PARK ROAD SUITE 142 SUITE 142 OVIEDO FL 32765 OVIEDO FL 32765-6951 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3121002 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOVELL, STEVE Street Address (P.O. Box Number is Not Acceptable) 180 PARK ROAD SUITE 142 OVIEDO FL 32765 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typi FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to sa tangible 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. ☐ Change Addition Delete TITLE TITLE LOVELL, STEVE NAME 180 PARK ROAD, SUITE 142 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 Addition TITLE Delete Change LOVELL, STEVE NAME NAME STREET ADDRESS 180 PARK ROAD, SUITE 142 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 ☐ Addition Delete TITLE TITLE WALTZ, HARRY NAME NAME 997 STREET ADDRESS 180 PARK RD #142 STREET ADDRESS 180 Perk Rd CITY-ST-ZIP CITY-ST-7IF OVIEDO FL ☐ Addition TITLE Delete TITLE HAMMARSTREDT, URBAN NAME NAME 180 PARK RD #142 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIF

SIGNATURE AND TYPED OR BINNYED NAME OF SIGNING OFFICER OF DIRECTOR

4/24/00

(40)365-8769

Daytime Phone #