FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am V 63706 DOCUMENT # Secretary of State TAX- BIZ Inc 05-23-2001 90509 001 ***150.00 05-23-2001 90509 002 *****8.75 Principal Place of Business 1017-A Sound UNIVERSITY DRIVE PLANTAGTON, PL 33324 73555 2. Principal Place of Business Suite, Apt. # etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65 - 0363576 Applied For City & State City & State MANDAD Not Applicable Country BROWARD Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent S.G. ROSS 1017-A Sound UNIVERSITY DANS PLANTATION, FR 33324 Street Address (P.O. Box Number is Not Acceptable) 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 S .mature, 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 Figancing **\$5.00** May Be After MAY 1, 200 | Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payabi to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (11/00) Addition ☐ Change ☐ Delete T FLE S.G. ROSS 1017-A Sours UniVersity Duns DLAMATION, To 37374 Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP Change Addition TITLE THIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TIFLE ☐ Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF □ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Acdition ☐ Delete MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP C TY-ST-ZIP ☐ Change Addition Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. Sig Ross SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Davtime Phone #