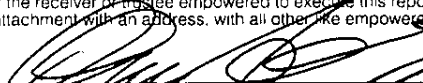


FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000006608				Secretary of State		
1. Entity Name 33RD STREET BUFFER, INC.						
Principal Place of Business 5858 RIDGEWAY CENTER PKWY MEMPHIS, TN 38120		Mailing Address 5858 RIDGEWAY CENTER PKWY MEMPHIS, TN 38120				
DO NOT WRITE IN THIS SPACE						
		04162008 No Chg-P CR2E034 (11/05)				
		4. FEI Number 62-1747241		Applied For Not Applicable		
		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DOTSON, ALBERT E JR 2500 FIRST UNION FINANCIAL CENTER MIAMI, FL 33131-2336		DO NOT WRITE IN THIS SPACE				
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000910347 05/08/08-80107-007 158.75				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PC SEELBINDER, OSCAR W JR 5858 RIDGEWAY CENTER PKWY MEMPHIS, TN 38120					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD SKLAR, JERALD H 5858 RIDGEWAY CENTER PKWY. MEMPHIS, TN 38120					
TITLE NAME STREET ADDRESS CITY- ST- ZIP						
TITLE NAME STREET ADDRESS CITY- ST- ZIP						
TITLE NAME STREET ADDRESS CITY- ST- ZIP						
TITLE NAME STREET ADDRESS CITY- ST- ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered						
SIGNATURE: 		Oscar Spolbinder 4/16/2008 901-327-7626				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #				