2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P960000 68761 Jun 12, 2000 8:00 am **Secretary of State** MARCUS Industries Inc. 06-12-2000 90039 042 ***150.00 Principal Place of Business Mailing Address P.O. Box 10434 8533 E. Portland Scottsdale Az Scotts dale AZ 85257-4121 B**01**02228 85271-0434 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 Not Applicable Zip Country Country \$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 · Corporation Company of Miassei Street Address (P.O. Box Number is Not Acceptable) 201 South Biscaine Blu. 1600 Miani Center Hiauei FL 33131 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 9._This_corporation_is.eligible.to.satisfy.its.Intangible= 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. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARCUS. Philippe 8533 E Portiand NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Scottsdale Az 85257-4181 Change ☐ Addition MARCUS. Valerie NAME NAME STREET ADDRESS 8533 E. Portland STREET ADDRESS CITY-ST-ZIP TITLE TITLE Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIPs CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: