Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am DOCUMENT # F00000002685 **Secretary of State** MYHOTBUTTON.COM, INC. 02-06-2001 90053 049 ***150.00 Principal Place of Business Mailing Address 6194 N FEDERAL HWY 6194 N FEDERAL HWY **BOCA RATON FL 33487 BOCA RATON FL 33487** 711302 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number APPLIED FROM 45-095299 Not Applicable 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 Name ROSETTO, BRUCE C Street Address (P.O. Box Number is Not Acceptable) 1398 SW 21ST LANE **BOCA RATON FL 33487** Zip Code City 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 NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 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 Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. SECRETARY DIANE M. PRATOR Addition CR2E034 (10/00 TITLE Delete TITLE NAME NAME FIELDING, RORY 6194 N. FEDERAL HWY STREET ADDRESS STREET ADDRESS 6194 N FEDERAL HWY CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33487 **BOCA RATON FL 33487** TITLE TITLE ☐ Change Addition NAME NAME TAYLOR, MITCH STREET ADDRESS STREET ADDRESS 6194 N FEDERAL HWY CITY-ST-ZIP CITY-ST-ZIP ROCA RATON FL 33487 TITLE TITLE' ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIT! E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 fustee 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. 13. I hereby certify that the information SIGNATURE:

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR