2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 15, 2000 8:00 am Secretary of State DOCUMENT # F9900003256 1. Entity Name INTERNET INVEST.COM, INC. 09-15-2000 90018 024 ***550.00 Principal Place of Business Mailing Address PO BOX 51569. PO BOX 51569 LIGHTHOUSE POINT FL 33074 LIGHTHOUSE POINT FL 33074 **ለ**ሀሀ/<mark>୪</mark>5ዓ5 2. Principal Place of Business 3. Mailing Address FEDERAL HWY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE City & State 4. FEI Number Applied For applied for Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PERKINS PERKINS, PAUL B 3899 N.E. 25TH-AVENUE LIGHTHOUSE POINT FL 33064 16 ATHOUSE POINT Zip Code 3306 Ψ City 8. The above named offitity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRESIDENT PERKINS, PAUL B. **PSTD** TITLE □ ⊓eiete Addition PERKINS, PAUL 4701 N. Federal HWY STREET ADDRESS .3899 N.E. 25TH-AVENUE STREET ADDRESS LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP LIGHTHOUSE POINT FL ☐ Delete Executive V.P. TITI F LARDINO, FRANK ARTHUR 4701 N FEDERAL HWY NAME STREET ADDRESS LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP Delete TITLE ☐ Addition NAME

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 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.

SIGNATURE:

SPANITURE DE COMPRESON 3. POR KING OFFICER OR DIRECTOR

9/11/2000

954-788-5559 Daytime Phone #