2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # J77417** 1. Entity Name PIONEER RESOURCES, INC 04-16-2001 90240 045 ***158.75 Mailing Address Principal Place of Business C/O LANNY GELFAND C/O LANNY GELFAND 2026 GRANT STREET 2026 GRANT STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2844605 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GELFAND, LANNY Street Address (P.O. Box Number is Not Acceptable) 2026 GRANT ST HOLLYWOOD FL 33020-0546 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) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change □ Delete TITLE TITLE NAME GELFAND, LANNY STREET ADDRESS STREET ADDRESS 2026 GRANT STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Addition Change TITLE DST ☐ Detete TITLE GELFAND, SANDI NAME NAME STREET ADDRESS STREET ADDRESS 2026 GRANT ST CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 er notwered 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 an other like empowered.

R PRINTED NAME OF SIGNING OFFICER OR DIRE