2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2001 8:00 am Secretary of State **DOCUMENT # M48600** 1. Entity Name PLATINUM INVESTMENT, INC. 05-17-2001 90122 001 ***150.00 05-17-2001 90122 002 *****8.75 Principal Place of Business Mailing Address 4300 CATALFUMO WAY 4300 CATALFUMO WAY 43068 WEST PALM BCH FL 33409 WEST PALM BCH FL 33409 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 59-2788102 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CATALFUMO, DANIEL S. Street Address (P.O. Box Number is Not Acceptable) 4300 CATALFUMO WAY PALM BEACH GARDENS FL 33410 Zip Code 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE Change CATALFUMO, DANIEL S. NAME NAME STREET ADDRESS STREET ADDRESS 4300 CATALFUMO WAY CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with the filing close not qualify for indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address, with all their like supplied to the corporation of the corporation of the receiver of the corporation of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information between the same legal effect as if made under oath; that I am an officer or director equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURÉ

25/01 561-694-3000 Daytime Phone #