FILED Mar 31, 2003 8:00 am Secretary of State

•	 BUSINESS	

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DOCUMENT # NO2000 1. Entity Name THE PYRAMID SOCIETY, INC.	004460				91078 023 ****	
Principal Place of Business	Mailing Address					
C/O JOHN R HOWES ESO		1				
633 SE THIRD AVENUE SUITE 4R	C/O JOHN R HOWES ESO 833 SE THIRD AVENUE SUI	TE 4R 🔭				
FORT LAUDERDALE FL 33301)	i samieliki Sir		livi 4444 4844 4454 8164		
						1880 111 11 (9 46)
2. Principal Place of Business	3. Mailing Address			1870 /1817 BB17 BB17 BB177 B1))) 11))) 14)) 14)) 17)1 .	1971 270 19 10 0 1
Suite, Apt. #, elc.			CHECK HERE IF	MAKING CHANGES		
 		4. FEI Number				
City & State	City & State	City & State				oplied For
						ot Applicable
Zip Country	Zip	Country	5. Certificate of S	itatus Desired	□ \$8.75 Ad	
	<u> </u>	· <u>└</u>			Fee Require	<u> </u>
8. Name and Address of Current f	registered Agent	Name	-,	dress of New Reg	Istered Agent	
HOUSE JOHN D. CCO		I Name :	LYNDA O	BRIEN	·= -:	~
HOWES, JOHN R ESQ	Street A	ddress (P.O. Box Number is	Not Acceptable)			
633 SE THIRD AVENUE SUITE 4R FORT LAUDERDALE FL 33301						
FUNT LAUDENDALE PL 33301						
	City	T 4 A.IN 27	2012	FI Zip Cod	e/.	
					333	37
 The above named entity submits this statement for the abligations of registered agent, 	the purpose of changing its re	adisfeted office of	r registered agent, or both, ir	the State of Florid	a. I am familiar with,	and accept
	` ~			~ <i>1</i>		
Some of The State	Freen			~ ~ ~ / /	0/0.3	
SIGNATURE Surreture, typed or primed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signat	ura required when reinstating)		DATE	
				T		
FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees		Check Payable Department of S	
10. OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN	10
TITLE PRESIDENT	☐ Detete	TITLE D			☐ Charige	☐ Addition
NAME LYNDA O'BRIEN		NAME				j
STREET ADDRESS LIND NE 16 VERA	_	STREET ADDRESS				
CITY-ST-ZIP PT. LAUDERDALE	L 33334	CITY-ST-ZIP				1,
TITLE VP WAYS + NIEANS	☐ Delete	TITLE D			Change	☐ Addition
NAME JOARAAN BLAKE		NAME				_
STREET ADDRESS 2401 NE 22 TERR.		STREET ADDRESS			•	Į
CITY-ST-ZIP FT. LAUDERDALE, F.	7 23302	CITY-ST-ZIP				j
TITLE VP KEMBERSHIP	Delate	_TITLE D			Change_	Addition
NAME JOAN NASH COURTY	HDE	_NAME				
STREET ADDRESS 220 MING FARLANT	DR.	STREET ADDRESS				[
	H, FW 33483	CITY-ST-ZIP				
THE VP PUBLIC REMAN	1643 Delete	TITLE D			☐ Change	☐ Addition
NAME MAGDA ALZURE	1,	NAME				}
STREET ADDRESS 960 F TROPICAL		STREET ADDRESS				1
CITY-ST-ZIP PLANTATION, FL 3		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE SEGERETARY					☐ Change	☐ Addition
TITLE SECRETORY NAME GLORIA KLINE	73 / 70 Detete	CITY-ST-ZIP TITLE D NAME		<u> </u>	☐ Change	☐ Addition
TITLE SECLRETORY NAME GLARIA KLINE STREET ADDRESS 1220 NE 3 35.	73170 □ Delote 作名みず	CITY-ST-ZIP TITLE D NAME STREET ADDRESS			☐ Change	☐ Addition
TITLE SECLRETARY NAME GLARIA KLINE STREET ADDRESS 1230 N.S. 3 3 7 1 CITY-SI-ZIP DT. LAUD., EL 33	73170 □ Delote 作名みず	CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE SECLRETARY NAME GLARIA KLINE STREET ADDRESS [1230 N. 5 3 3 7] TITLE TREPSYREA TITLE TREPSYREA	73170 □ Delote 作名みず	CITY-ST-ZIP TITLE D NAME STREET ADDRESS			☐ Change	☐ Addition
TITLE SECLRETARY NAME GLARIA KLINE STREET ADDRESS 1220 N.S. 3 3 7 1 TITLE TREPSVEER NAME MUDIEL ZBAR	73170 □ Delete → 365 30. L □ Delete	CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP TITLE D NAME				
TITLE SECLRETARY NAME GLARIA KLINE STREET ADDRESS 1230 N.S. 3 3 7 1 TITLE TREASURER NAME MURIEL ZBAR STREET ADDRESS 1 EAST BROWARD: B	73/70 Delete 30.1 Delete	CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP TITLE D NAME STREET ADDRESS	.: (1) (1) (2)	÷*		
TITLE SECLRETARY NAME GLARIA KLINE STREET ADDRESS 1220 N.S. 3 3 7 1 TITLE TREPSVEER NAME MUDIEL ZBAR	73/70 Delete 30.1 Delete	CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP TITLE D NAME		÷		
TITLE SEGLRETARY NAME GLARIA KLINE STREET ADDRESS 1230 NE 3 3 7 1 TITLE TREPSVREA NAME STREET ADDRESS 1 EAST GROWARD: B CITY-ST-ZIP FORT LAUDERDALE, FI	Delete D	CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP	ed in Section 119.07(3)(i). Fi	prida Statutes. I fu	☐ Change	☐ Addition
TITLE SEGLRETARY NAME GLARIA KLINE STREET ADDRESS 1230 N.S. 3.35. CITY-SI-ZIP DT LAUD., EL 33 TITLE TREPSVRER MURIEL ZBAR STREET ADDRESS 1 EAST BROWARD: B CITY-SI-ZIP FORT LAUDERDALE, FI 12. I hereby certify that the information supplied with to indicated on this report of supplemental report is of the corporation or the receiver or trustee emporemental report is a supplied with the corporation or the receiver or trustee emporemental report is a supplied with the corporation or the receiver or trustee emporemental report is a supplied with the corporation or the receiver or trustee emporemental report is a supplied with the corporation or the receiver or trustee emporemental report is a supplied with the corporation or the receiver or trustee emporemental report is a supplied with the corporation or the receiver or trustee emporemental report is a supplied with the corporation or the receiver or trustee emporemental report is a supplied with the corporation or the receiver or trustee emporemental report is a supplied with the corporation or the receiver or trustee emporemental report is a supplied with the corporation or the receiver or trustee emporemental report is a supplied with the indicated on this report or supplied with the indicated on the receiver or trustee emporemental report is a supplied with the indicated on the receiver or trustee emporemental report is a supplied with the indicated on the receiver or trustee emporemental report is a supplied with the indicated on the receiver or trustee emporemental report is a supplied with the indicated on the receiver or trustee emporemental report is a supplied with the indicated on the receiver or trustee emporemental report is a supplied with the indicated on the receiver or trustee emporemental report is a supplied with the indicated or the receiver or the receiver o	Delete	CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP E exemption state signature shall he	ed in Section 119.07(3)(i), Fl ave the same legal effect as a oter 617. Florida Statutes; an	orida Statutes. I fur I made under oeth d that my name ap	Change	Addition
TITLE NAME SCULPETARY NAME GLORIA KLINE STRET ADDRESS 1230 NE 337 TITLE TREASURER MURIEL ZBAR MURIEL ZBAR MURIEL ZBAR CITY-ST-ZIP FORT LAUDERDALE, FI 12. Hereby certify that the information supplied with indicated on this report or supplemental report is	Delete	CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP E exemption state signature shall he	ed in Section 119.07(3)(i), Fl ave the same legal effect as oter 617, Florida Statutes; an	orida Statutes. I fur I made under ceth of that my name ap	Change	Addition