DOCUMENT # N9800003069 1. Entity Name Jan 11, 2001 8:00 am Secretary of State FINANCE NETWORK CLUB INC. 01-11-2001 90031 022 ****61.25 Principal Place of Business Mailing Address 700 SE 3RD AVE., 3RD FLOOR 700 SE 3RD AVE.. 3RD FLOOR FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0839634 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DRATH Street Address (P.O. Box Number is Not Acceptable) STONE, ADELE I ESQ. 1946 TYLER ST. HOLLYWOOD FL 33020 Zip Code 33316 City LAUDERDALE 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 ature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CR2E037 (10/00) Change ☐ Addition ☐ Delete TITLE TITLE DRATH, RICHARD NAME NAME STREET ADDRESS 700 SE 3RD AVE 3RD FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 BMD BMD Change Addition X Delete TITLE TITLE POPINO, JAMES STONE, ADELE ESQ NAME NAME 9700 NW 15Th STREET STREET ADDRESS STREET ADDRESS 1946 TYLER ST PLANTATION, FL 35322 CITY-ST-ZIP CITY-ST-ZIP: -HOLLYWOOD FL 33020 ---**BMD** TITLE ☐ Change ☐ Addition ☐ Delete TITLE SALMON, JANINE NAME NAME STREET ADDRESS STREET ADDRESS 177 US HWY ONE STE 213 CITY-ST-ZIP CITY-ST-7IP TEQUESTA FL 33469 Change ☐ Addition ☐ Defete TITLE 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 **=** :[4 12. 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 trustage employment to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appears, with amount of 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 trustage employee 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 of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is supplemental report as a section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation of the section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation of the section 119.07(3)(i), Florida Statutes. I further certificate in the section 119.07(3)(i), Florida Statutes. I further certificate in the section 119.07(3)(i), Florida Statutes. I further certificate in the section 119.07(3)(i), Florida Statutes. I further certificate in the section 119.

WALESTINED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1/3/01

Date

Daytime Phone #