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P00000009125

1. Entity Name

PLANES.COM, INC.

Drugon Biotech Corporation

Principal Place of Business 1177 GEORGE BUSH BLVD., SUITE 308

DELRAY BEACH FL 33483

Mailing Address

1177 GEORGE BUSH BLVD., SUITE 308

DELRAY BEACH FL 33483

FILED

03 MAY 29 PM 12: 33

SECRETARY OF STATE TALLAHASSEE FLORIDA



2. Principal Place of Business			3. Mailing Address				I (BOSSBOL HIL BOULL BOLLY BOULL BOULD BOULL BOULD BOULL BOULD BOULL BOULD BOULL BOULD BOULL BOULD BOULL BOULD BOULL BOULD BOULL BOULD BOULL BOU	1111 LEXIS ISIDI 11416	11661 Bill 1981		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.	FEI Number <b>65-0977574</b>	<del></del>	pplied For ot Applicable		
Zip		untry	Zip Country		5.	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
OTHERASAL II MAAI					Name						
STILLMAN, L. VAN 1177-GEORGE:BUSH-BLVD.; SUITE:308				Street Address (P.O. Box Number is Not Acceptable)							
DELRAY B	BEACH FL 33483	•									
					City FL Zip Code						
	named entity subritions of registered a		the purpose of char	nging its register	ed office or	registered ag	gent, or both, in the State of Florida. I	am familiar with,	and accept		
SIGNATURE .	· <u>.</u>										
	Signature, typed or printe	ed name of registered agent ar	nd title if applicable.	(NOTE: Registere	ad Agent signatu	ure required when re	einstating) DA	ΤE			
After		E IS \$150.00 e will be \$550.00 ida Department of	State				Election Campaign Financing Trust Fund Contribution.		May Be ito Fees		
1,1 gi		OFFICERS AND D	DIRECTORS	11.		AD	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11		
TITLE	PST		<b>∀</b> Dele	ete TITL	.E	Presid-	ent	Change	☐ Addition		
NAME	STILLMAN, L VA		•	NAM:	1E ,	Doron	Ben-david				
			STR	ETADORESS 1177 George Bush Blvd., Suite 308							
CITY-ST-ZIP	DELRAY BEACH	1 FL 33483		CITY	/-ST-ZIP	Delray	Beach, FL 33483	,			
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NAME				NAM	Œ	JOHN FI	mur ha				
STREET ADDRESS				STRE	ÉET ADDRESS	1177 G	earge Bush Blvd. Sui	te 308			
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NAME				NAM		oded	Zycker				
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NAME				NAM			rakoosoot				
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CITY-ST-ZIP					ET ADDRESS '-ST-ZIP				l I		
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TITLE VAME			☐ Dele					Change	Addition		
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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 eport 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all gater like empowered.

SIGNATURE: