2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 25, 2001 8:00 am DOCUMENT # P00000022298 **Secretary of State** 1. Entity Name FRONTLINE INVESTMENT GROUP, INC. 01-25-2001 90226 003 ***150 00 Principal Place of Business Mailing Address 333 SUNSET DR..STE.303 333 SUNSET DR., STE, 303 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 903249 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For のひとろ 65 -0995272 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LITTMAN, ERIC P Street Address (P.O. Box Number is Not Acceptable) 7695 S.W. 104TH STREET, STE. 210 MIAMI FL 33156 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ☐ Addition TITLE □ Delete TITLE NAME CLAEHRE, GERTRUDE NAME EERTRUD STREET ADDRESS STREET ADDRESS 333 SUNSET DR., STE. 303 SUNSET CiTY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL 33301 TITLE CEO TITLE NAME RUBENIC, ECKHARD KURT NAME STREET ADDRESS STREET ADDRESS 333 SUNSET DR.,STE.303 CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL 33301 -TITLE Addition DITE-NAME RUBENIC, ECKHARD KURT NAME SET DR. # 303 STREET ADDRESS STREET ADDRESS 333 SUNSET DR., STE. 303 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 mustee empowered 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 all other like empowered.

ING OFFICER OR DIRECTOR