FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 23, 2002 8:00 am Secretary of State P00000025512 DOCUMENT # 1. Entity Name 05-23-2002 90102 034 ***150 00 MIDASCOLLECTIBLES.COM, INC. Principal Place of Business Mailing Address 400 MADISON DR., STE. 250 400 MADISON DR., STE, 250 SARASOTA-FL::34236 👄 🗢 SARASOTA-FL: 34236 GEIDSETTIA L DO NOT WRITE IN THIS SPACE *\$9-37070*87 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANG, BRADLEY W ESQ. 400 MADISON DR., STE. 250 SARASOTA FL 34236 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 FILE NOW!!! FEE IS \$150.00 9. This coporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax fling requirement and elects to do so. After May 1, 2002 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 PLESIDENT Change Delete TITLE TITLE LANG, BRADLEY W NAME NAME 400 MADISON DR., STE. 250 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 trustee amounted 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 adj

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: