2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P0000039711 1. Entity Name PERSONAE MAGAZINE, INC. 05-14-2001 90104 022 ***150.00 Principal Place of Business Mailing Address 141 NE 3RD AVE., SUITE 204 141 NE 3RD AVE., SUITE 204 MIAMI FL 33132 MIAMI FL 33132 J | U & & J 2. Principal Place of Business 3. Mailing Address P.O. Box 490925 1760 S.W. 23rd Terrace Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Key Biscayne, Florida Miami, Florida Not Applicable 65-1009476 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33149 33145 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -- LEBROC, LOURDES L ----<u>Marlene Mendonca</u> Street Address (P.O. Box Number is Not Acceptable) 141 NE 3RD AVE., SUITE 204 1760 S.W. 23rd Terrace **MIAMI FL 33132** Zip Code 33145 Miami 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. <u>•Marlene Mendonca</u> (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PTD K Change Addition TITLE XX Delete TITLE PTD LEBROC, LOURDES L NAME NAME Mendonca, Marlene 141 NE 3RD AVE., SUITE 204 STREET ADDRESS STREET ADDRESS 1760 S.W. 23rd Terrace CITY-ST-ZIP **MIAMI FL 33132** CITY-ST-7IP Miami, FL 33145 ☐ Change Addition ☐ Delete TITLE TITLE MENDONCA, MARLENE NAME NAME 141 NE 3RD AVE., SUITE 204 STREET ADDRESS STREET ADDRESS **MIAMI FL 33132** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

13. Thereby certify that the information supplied with this filling 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 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

STREET ADDRESS

CITY-ST-ZIP

AucaMarlene Mendonca 4/24/01

STREET ADDRESS

CITY-ST-ZIP

305-858-9411

Daytime Phone #

CR2E034 (10/00)