2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM DOCUMENT # P0000060329 1. Entity Name **Secretary of State** THEWIREONLINE.COM, INC. Principal Place of Business Mailing Address 821 COLLINS AVENUE 821 COLLINS AVENUE #301 MIAMI BEACH FLMIAMI BEACH FL 33139 33139 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 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FILINGS, INC. ZABLOTNY CARL 3732 N.W. 16TH STREET Street Address (P.O. Box Number is Not Acceptable) 821 COLLINS AVE. FT. LAUDERDALE FL333114132 City Zip Code MIAMI BEACH 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. CARL E. ZABLOTNY 04/30/2001 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 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition MAME JACOBER PAUL NAME 821 COLLINS AVENUE #301 STREET ADDRESS STREET ADDRESS MIAMI BEACH CITY-ST-ZIP FL 33139 CITY-ST-ZIP D ☐ Delete TITLE ☐ Change NAME BURT KEITH NAME STREET ADDRESS 821 COLLINS AVENUE #301 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition KERRY BURT NAME STREET ADDRESS 821 COLLINS AVENUE #301 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH 33139 CITY-ST-ZIP ☐ Delete TITLE Сhапде Addition ZABLOTNY NAME STREET ADDRESS 821 COLLINS AVENUE #301 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 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.

04/30/2001

Daytime Phone #

Date

SIGNATURE: __Carl-E. Zablotny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)