2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91193 005 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000063247 ✓

1. Entity Name
Prodigy PM, INC

Principal Place of Business	Mailing Address
4821 COCONUT CRK #154 COCONUT CRK, FL 33063	4821 COCONUT CRK #154 COCONUT CRK, FL 33063
2. Principal Place of Business: COCONUT CREEK, FL	3. Mailing Address: 4821 COCONUT CRK #154
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCONUT CREEK, FL	City & State: COCONUT CRK, FL
Zip: 33063 — Country: US	Zip: 33063 — Country: US

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Lance Baldwin
4821 COCONUT CRK PK #154
COCONUT CREEK FL 33063

7. Name and Address of New Registered Agent
Name: LANCE DARRELL BALDWIN
Street Address (P.O. Box Number is Not Acceptable): 4821 COCONUT CRK PKWY #154
City: COCONUT CRK — FL — Zip Code: 33063

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 [signature] 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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.

SIGNATURE: [signature] 4/30/01 954-288-5018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — LANCE BALDWIN — Date — Daytime Phone #