2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P00000079523 05-15-2007 90010 048 ***150.00 07-23-2007 90042 029 ***150.00 MAGNUM LOUNGE, INC. 40126655 Mailing Address Principal Place of Business 709 NE 79TH ST. 709 NE 79TH ST. MIAMI, FL 33138 MIAMI, FL 33138 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 07072007 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 65-1033337 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6._Name and Address of Current Registered Agent BUDINESS PROCESS MANAGEMENT, INC. FORMAN, TERRY J Idress (P.O. Box Number is Not Acceptable) 1521 SW LEJEUNE RD. CORAL GABLES, FL 33134 SUITE 201 COOPER CITY egistered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent **LANGANAN** SIGNATURE JEFFIE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ΡD TILLE Delete THE ☐ Change Addition SCHMIDT, KURT NAME NAME STREET ADDRESS 709 NE 79TH ST. STREET ADDRESS CITY ST ZIP MIAMI, FL 33138 CHY SI ZIP Delete THEE DITE ☐ Change Addition LANDSMAN, JEFFREY NAME NAME 709 NE 79TH ST. STREET ADDRESS STREET ADDRESS CITY ST ZIP MIAMI, FL 33138 CITY ST ZIP Delete TITLE THE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY SI-ZIP CITY ST ZIP THLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STHEET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP ☐ Delete TIBLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST ZIP TITLE Delete LITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

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