FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92210 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000023223

1. Entity Name
HIGH BID 100 INC.

11041883

Principal Place of Business	Mailing Address
410 S PARK RD, APT 304 HOLLYWOOD, FL 33021	410 S PARK RD APT 304 HOLLYWOOD, FL 33021

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8105 Boca Rio DR	8105 Boca Rio Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33433 Country: USA	Zip: 33433 Country: USA

4. FEI Number: 65-1086111 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARNAO, MASON
410 S PARK RD
APT 304
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name: MAson Arnao
Street Address (P.O. Box Number is Not Acceptable): 8105 Boca Rio Dr
City: Boca Raton FL Zip Code: 33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4/27/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ARNAO, MASON D P 410 SOUTH PARK RD APT 304 HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAson Arnao 8105 Boca Rio Dr. Boca Raton, FL 33433	☒ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/27/03 954-709-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #