FILED Mar 15, 2000 8:00 am Secretary of State 03-15-2000 90074 024 ***158.75

DOCUMENT # **P13949** 1. Entity Name PARAGON CAPITAL MARKETS INC. Mailing Address Principal Place of Business 7 HANOVER SQUARE HANOVER SQUARE 2ND FLOOR 2ND FLOOR 000000×1 NEW YORK NY 10004-2616 NEW YORK NY 10004 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 22-2735866 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVINE. GEORGE B Street Address (P.O. Box Number is Not Acceptable) 1250 E. HALLENDALE BEACH BLVD. SUITE 300 HALLENDALE FL 33009 Zip Code City FL 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 . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD. ☐ Delete TITLE Change ☐ Addition THUE LEVINE, DANNY NAME NAME STREET ADDRESS STREET ADDRESS 7 HANOVER SQUARE, 2ND FLOOR CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10004 Addition Delete Change TITLE TITLE LEVINE, GEORGE NAME NAME STREET ADDRESS 1250 E. HALLENDALE BEACH BLVD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HALLENDALE FL 33009 ★□ Change ☐ Addition TITLE Delete LEVINE, MARC I NAME NAME 1250 E. Hallendale Beach Blvd. STREET ADDRESS 2424 N. FEDERAL HWY STREET ADDRESS Hallendale, FL 33009 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE da - - - 1. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

Damey J. Levine SIGNATU E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR)

2000 (212)742-1500 March 8,

Daytime Phone #