

TO

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90199 026 \*\*\*150.00

**DOCUMENT #** P93000018484  
 1. Entity Name  
 Metropolis Motor Works Inc.

Principal Place of Business: 1343 S. Dixie Hwy W. Pompano Beach FL 33060  
 Mailing Address: P.O. Box 935061 Margok FL 33093-5061 US

C0069725 /

2. Principal Place of Business: Suite, Apt. #, etc.  
 Mailing Address: Suite, Apt. #, etc.

City & State: City & State  
 Zip: Zip Country: Country

4. FEI Number: 65-0396393 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: White, Douglas S, 1343 S. Dixie Hwy W, Pompano Beach FL 33060  
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is not acceptable), City, State (FL), Zip Code

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, typed or printed name of registered agent and date (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)   
 10. Election Campaign Financing True Fund Contribution:  \$5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS		12. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> New <input type="checkbox"/> Addition
DP White, Douglas S 1343 S Dixie Hwy W. Pompano Beach FL 33060			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> New <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> New <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> New <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> New <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> New <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] 4-30-01 954-783-7116  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR26034 (11/00)