2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 13, 2001 8:00 am Secretary of State DOGUMENT # P93000056506 COLANGELO ENTERPRISES, INC. 04-13-2001 90052 010 ***150.00 Principal Place of Business Mailing Address 3211 SW 44TH STREET 3211 SW 44TH STREET **APT 114** 00035991 FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 Principal Place of Business 3. Mailing Address 2721_SCOTT STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0425796 Applied For 4DLL4W001) FL. tOLZ4WOOD Not Applicable Country U.S.A \$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 COLANGELO, RICKEY T. COLANGELO, RICKEY T **3211 SW 44TH STREET APT 114** FT LAUDERDALE FL 33312 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 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PHLENCOLANGELO, RKKEY TChange 2721 SCOTT STREET CR2E034 (10/00) Delete TITLE COLANGELO, RICKEY T NAME NAME STREET ADDRESS STREET ADDRESS 3211 SW 44TH STREET, APT 114 HOLLYWOOD, FL. 33020 CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33312 ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition. TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby 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. KEY T. COLANGELO 4/10/01

SIGNATURE: 4