92000 UNIFORM BUSINESS REPUKI (UP™) FILED DOCUMENT # P95000057780 May 24, 2000 8:00 am Secretary of State 1. Entity Name WEALTHHOUND.COM, INC. 05-24-2000 90138 024 ***150.00 Mailing Address Principal Place of Business 444 BRICKELL AVE 444 BRICKELL AVE STE 51-483 MIAMI FL 33131-2403 STE 51-483 MIAMI FL 33131 US Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE BRUADWA BRUADWAY Applied For Suite, Apt. #, etc 4. FEI Number 2 ND 65-0597300 Not Applicable City & State City & State \$8.75 Additional Certificate of Status Desired Fee Required N _ Country Country U 52 7. Name and Address of New Registered Agent 10004 10000 11 SA 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CORPORATE CREATIONS, INC. 4521 PGA BLVD. Zip Code **SUITE 211** PALM BEACH GARDENS FL 33418 City 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. DATE (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Added to Fees 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Tax filing requirement and elects to do so Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (See criteria on back) Addition 12. OFFICERS AND DIRECTORS BROCK, REBECCA J SUITE 3/20 701 BRICKELL AVE, SUITE 3/20 TITLE 11. Delete PSTD TITLE HERBST, RICHARD STREET ADDRESS NY NY 10004 NAME 140 SW 91ST AVE APT 203 CITY-ST-ZIP STREET ADDRESS Additio Change PLANTATION FL 33324 CITY-ST-ZIP TITLE Delete BISHOP, JESSE STREET ADDRESS 2340 NE 45TH STREET CITY-ST-ZIP _____Additic STREET ADDRESS ☐ Change LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP =TITLE 🔲 Delet NAME TITLE_ STREET ADDRESS NAME CITY-ST-ZIP Addit STREET ADDRESS [] Change CITY-ST-ZIP TITLE Delete NAME TITLE STREET ADDRESS NAME CITY-ST-ZIP ☐ Addi STREET ADDRESS □ Change CITY-ST-ZIP TITLE ☐ Delete NAME TITLE STREET ADDRESS NAME CITY-ST-ZIP ☐ Add STREET ADDRESS ☐ Change CITY-ST-ZIP TITLE Delete NAME TITLE STREET ADDRESS NAME 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 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 in the information of the control of the same legal effect as if made under oath; that I am an officer or direct indicated on this report or suppliemental 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 direct indicated on this report or suppliemental 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 direct indicated on this report or suppliemental 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 direct indicated on this report or suppliemental 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 direct indicated on this report or suppliemental 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 direct indicated on this 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 direct indicated on this 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 direct indicated on this report is true and accurate and STREET ADDRESS CITY-ST-ZIP

Director. Rebecca J. Brock 4/27/02 305/538
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