2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachr

SIGNATURE AND TYPED OR P

SIGNATURE:

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P95000090732 1. Entity Name PRO-PLAYER MARKETING, INC. 01-30-2001 90152 048 ***150.00 Mailing Address Principal Place of Business P O BOX 290670 P O BOX 290670 FT LAUDERDALE FL 33329-0670 FT LAUDERDALE FL 33329-0670 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0623168 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PERRI, ANTHONY J Street Address (P.O. Box Number is Not Acceptable) 9726 W SAMPLE ROAD **CORAL SPRINGS FL 33065** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. Change Addition PD ☐ Delete TITLE TITLE NAME PANARIELLO, EDWARD NAME STREET ADDRESS STREET ADDRESS P O BOX 290670 N/A CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33329-0670 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP composited with this filling does not qualify for the exemption stated in Section 119 ental report is true and accurate and that my signature shall have the same legal trus ee empowered to execute this report as required by Chapter 607, Florida S an address, with all other like empowered. 7(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information indicated on this report or suppler of the corporation or the receiver of effect as if made under oath; that I am an officer or director that my name appears in Block 11 or Block 12 if Statutes: and

NTED NAME OF SIGNING OFFICER OR DIRECTOR