2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000030291 Aug 17, 2000 8:00 am Secretary of State 1. Entity Name FORTUNE PRESS PUBLISHERS, INC. 08-17-2000 90100 002 ***550.00 Principal Place of Business Mailing Address 980 NO FEDERAL FIIGHWAY STE 307 980 NO FEDERAL HIGHWAY STE 307 BOCA RATON FL 33432 BOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc City & State City & State 4. FEI Number Applied For 65-0658225 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHITE, RONALD C Street Address (P.O. Box Number is Not Acceptable) 5348 FIRST AVENUE NO. ST. PETERSBURG FL 33710 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. D CR2E034 (5/00) ☐ Delete TITLE TITLE STOLL, CHARLES S 129 NW 134 Street Sile D-26 NAME 980-NO_FEDERAL-HIGHWAY STE 307 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 38432 CITY-ST-7IP ☐ Addition Change TITLE TITLE Delete WHITE, RONALD C NAME NAME **5348 FIRST AVENUE NORTH** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33710 CITY-ST-7IP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing 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 shalf have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 any other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

MATURE REQUIRED

☐ Defete

8/11/200 (561/367-911)

Change

☐ Addition