2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600035329 1. Entity Name PRO-DYNAMIX, INC.				Secretary of State 07-18-2001 90007 001 ***550.00		
Principal Place of Business 1688 MERIDIAN AVENUE SUITE 801 MIAMI BEACH FL 33139	MERIDIAN AVENUE 1688 MERIDIAN AVENUE 801 SUITE 801					
2. Principal Place of Business 3550 BISCAYNE BLVA	ICC OF Business 3. Mailing Address SAMG					
Suite, Apt. #, etc. #-310	Apt. #, etc. #-310 Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State MIAMI	City & State			4. FEI Number 65-0830462		oplied For
Zip 33137 Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add	ditional
6. Name and Address of Current	Registered Agent	- Na		7. Name and Address of New Reg	istered Agent	
KAHN, HOWARD N 4000 HOLLYWOOD BLVD. SUITE 485 SOUTH			Street Address (P.O. Box Number is Not Acceptable)			
HOLLYWOOD FL 33021		Cit	у	, , , , , , , , , , , , , , , , , , ,	FL Zip Cod	le
8. The above named entity submits this statement for	r the purpose of changing its r	egistered offi	ice or register	ed agent, or both, in the State of Florid	a.	
SIGNATURE Signature, typed or printed name of registered agent	and title 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) FILE NOW!!! After September 12, 2 Make Check Payable			vill be \$750.0		· _ +	00 May Be d to Fees
11. OFFICERS AND		12.		ADDITIONS/CHANGES TO OFFICE		
NAME STREET ADDRESS CITY-ST-ZIP MAENZA, JOSEPH 1688 MERIDIAN AVE. SUITE 801 MIAMI BEACH FL 33139	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF	355	NZA, JOSEPH D BISCAYNE BLVD. # HMI, FL 33137	Thange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BIZZOTTO, FIDENZIO 1688 MERIDIAN AVE. SUITE 801 MIAMI BEACH FL 33139	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF	BIZ BIZ 355 MIA	ZOTTO, FIDENZIO TO BISCAYNE BLUD # MI, FL 33137	© Change ≠310	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME ≈ STREET ADDI CITY-ST-ZIF	RESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	l l		☐ Change	Addition
TITLE NAME	☐ Delete	TITLE NAME	DEGG .		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with	thin filling channel and the ferror	STREET ADDI	<u> </u>	oline 140 07/2V() Florida Status - 15	other and the state of the	oformation .

rhereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Horida statutes. Fluther 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: ___

SIMMATURE REQUIRED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-01

205-573-4634