## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90134 012 \*\*\*150.00

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DOCUMENT #	P97000083953
1 Corporation Name	1 01 000000000

1. Corporation Name

RUMBLE, INC.

Principal Place of Business

Mailing Address

2916 N. OCEAN BLVD. 2916 N. OCEAN BLVD. FORT LAUDERDALE FL FORT LAUDERDALE FL DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/29/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 65-0785664 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year Intangible Yes Пио 29 30 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MCGOTTY, AMY 82 Street Address (P.O. Box Number is Not Acceptable) 17021 N.E. SIXTH AVENUE N. MIAMI BEACH FL 33162 83 84 85 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. T DELETE ☐ Change Addition SDVT 11 TITLE

TITLE MCGROTTY, AMY NAME 1.2 NAME 17021 N.E. SIXTH AVENUE 1.3 STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL 33162 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition ☐ DELETE 2.1 TITLE Change TITLE NAME MCGROTTY, AMY 2.2 NAME 17021 N.E. SIXTH AVENUE 2.3 STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL 33162 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE ☐ Change 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-/4/99 305-652-3786 Daytime Phone #

CR2E034 (11/98)