2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM DOCUMENT # P9700099448 Entity Name **Secretary of State** MO'PLATINUM PRODUCTIONS, INC. Principal Place of Business Mailing Address 8731 NW 6TH CT 8731 NW 6TH CT CORAL SPRINGS FL CORAL SPRINGS FL33071 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0799750 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDSTONE RICHARD 2301 W. SAMPLE RD., SUITE 3-A Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL33073 US 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. 04/30/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change OHLSON ROBERT MAME NAME OHLSON ROBERT 12208 W. SAMPLE RD. STREET ADDRESS STREET ADDRESS 8731 N.W. 6TH COURT CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP CORAL SPRINGS 33071 ☐ Delete D TITLE X Change NAME MONTGOMERY DIONNE NAME MONTGOMERY DIONNE STREET ADDRESS 12208 W. SAMPLE RD. STREET ADDRESS 8731 N.W. 6TH COURT CITY-ST-ZIP CORAL SPRINGS FL. 33065 CITY-ST-ZIP CORAL SPRINGS FL33071 ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

04/30/2001

Date

Daytime Phone #

SIGNATURE: __Dionne Montgomery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR