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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000021256

1. Corporation Name
THE LIST CONSULTANTS INC.

Principal Place of Business OFFICE/HOME Mailing Address
THE LIST CONSULTANTS INC.
3101 PORT ROYALE BLVD. Suite 931
FORT LAUDERDALE FL. 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: MARCH 9 1998
21 OFFICE/HOME 3101 PORT ROYALE BLVD.	26 3101 PORT ROYALE BLVD.	4. FEI Number: 65-0841886/222312 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 SUITE 931	Suite, Apt. #, etc. 27 SUITE # 931	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23 FORT LAUDERDALE FL	City & State 28 FORT LAUDERDALE FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24 33308 Country 25 BROWARD	Zip 29 33308 Country 30 BROWARD	8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
PETER DE NICHOLAS
3101 PORT ROYALE BLVD Ste 931
FORT LAUDERDALE FL. 33308

10. Name and Address of New Registered Agent
61 Name: ALESSANDRO MASSARI
62 Street Address (P.O. Box Number is Not Acceptable): 3101 PORT ROYALE BLVD.
63 SUITE # 931
64 City: FORT LAUDERDALE FL 65 Zip Code: 33308

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: PETER DE NICHOLAS PRESIDENT 4/28/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	11 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME	PETER DE NICHOLAS	12 NAME	ALESSANDRO MASSARI
STREET ADDRESS	3101 PORT ROYALE APT. 931	13 STREET ADDRESS	3101 PORT ROYALE BLVD 931
CITY-ST-ZIP	FORT LAUDERDALE FL. 33308	14 CITY-ST-ZIP	FORT LAUDERDALE FL. 33308
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	[illegible]
STREET ADDRESS		23 STREET ADDRESS	-05/07/99--01030--014
CITY-ST-ZIP		24 CITY-ST-ZIP	****150.00 ****150.00
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (11/98)

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 attachment with an address, with all other like empowered.

SIGNATURE: PRESIDENT PETER DE NICHOLAS 4/28/99 954-938-2275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #