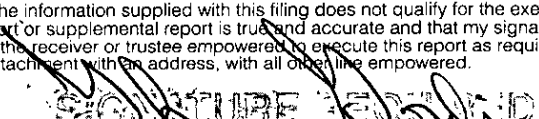


FILED
Mar 14, 2000 8:00 am
Secretary of State

6/17/00 10:00 AM



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000046844 1. Entity Name TAG CONCEPTS, INC.						FILED Mar 14, 2000 8:00 am Secretary of State 03-14-2000 90036 016 ***150.00					
Principal Place of Business 916 SOUTH ROME #7 TAMPA FL 33606 US						Mailing Address 916 SOUTH ROME #7 TAMPA FL 33606-3049 US					
2. Principal Place of Business						3. Mailing Address					
Suite, Apt. #, etc.						Suite, Apt. #, etc.					
City & State						City & State					
Zip		Country		Zip		Country		4. FEI Number 59-3510761			
								Applied For		Not Applicable	
5. Certificate of Status Desired ☐								\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
GORDIN, TOM 703 EAST BAY DR.,STE.B-220 LARGO FL 33770						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City				FL	
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 _____ 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!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State					
						10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
11. OFFICERS AND DIRECTORS						12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		P GORDIN, TOM ☐ Delete				TITLE		☐ Change ☐ Addition			
NAME		GORDIN, TOM				NAME					
STREET ADDRESS		916 SOUTH ROME, #7				STREET ADDRESS					
CITY-ST-ZIP		TAMPA FL 33606				CITY-ST-ZIP					
TITLE		☐ Delete				TITLE		☐ Change ☐ Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY-ST-ZIP						CITY-ST-ZIP					
TITLE		☐ Delete				TITLE		☐ Change ☐ Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY-ST-ZIP						CITY-ST-ZIP					
TITLE		☐ Delete				TITLE		☐ Change ☐ Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY-ST-ZIP						CITY-ST-ZIP					
TITLE		☐ Delete				TITLE		☐ Change ☐ Addition			
NAME						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 line empowered.											
SIGNATURE: 						3/8 100 813 253-3224					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Date Daytime Phone #					