FILED 2001 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2001 8:00 am DOCUMENT # P98000099309 Secretary of State 1. Entity Name " BIZ AUCTIONS, INC 04-19-2001 90050 008 ***150.00 Principal Place of Business Mailing Address 934 N UNIVERSITY DR. SUITE-208 834-N-UNIVERSITY DR. SUITE 200 C0048543 GORAL SPRINGS FL 33071-GORAL SPRINGS FL 33071 2. Principal Place of Business 121 HOHAND DRIVE 1121 HOLLAND Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0878417 RATON Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee:Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAM \mathcal{J} . GOLDENBERG, PETER-Street Address (P.O. Box Number is Not Acceptable) 934 N UNIVERSITY DR. SUITE 208 CORAL SPRINGS FL 33071 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 (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 \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, CR2E034 (10/00) **Delete** Addition TITLE TITLE ALAN YUSTER ORIVE, #32 **GOLDENBERG, PETER** NAME NAME STREET ADDRESS STREET ADDRESS 11211 LAKEVIEW DR BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 Delete TITLE TITLE WILLAM J. REILLY 1121 HOLLAND DRIVE #32 BARNEY, JIM NAME NAME STREET ADDRESS STREET ADDRESS 8325 CARDINGTON BOCA RATUR, Fr 33487 CITY_ST-ZIP_ CITY-ST-ZIP ROANOKE-VA-24019 Lovis GlECKEL 1121 Holland Drive, #32 BOCA RATON, FZ 33487 **Addition** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 ofth; 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 accordance with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

Daytime Phone