## 2000 UNIFORM BUSINESS REPORT (UBR)

## Mar 14, 2000 8:00 am Secretary of State DOCUMENT # P98000106563 PROMETHEAN INVESTMENT GROUP, INC. 03-14-2000 90033 014 \*\*\*150.00 Mailing Address Principal Place of Business 2239 HOLLYWOOD BLVD. HOLLYWOOD BLVD. HOLLYWOOD FL 33020-6707 TWO DD FL 33020 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0885955 Not Applicable Zip Country Zio Country \$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 WINTTER, ERNST G Street Address (P.O. Box Number is Not Acceptable) 2239 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 11. CR2E034 (9/99) Addition ☐ Delete TITLE TITLE NAME WINTTER, ERNST G NAME STREET ADDRESS 2239 HOLLYWOOD BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-79 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 eport, 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 tastee 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.

Ernst 6. Winter 10MAR 60 9 SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF

**FILED**