2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P99000010864 RMG INVESTORS, INC. 05-10-2001 90179 031 ***150.00 Principal Place of Business Mailing Address 3530 FIRST AVENUE NORTH 3530 FIRST AVENUE NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE 208 208 City & State City & State 4. FEI Number Applied For 59-3554926 Not Applicable Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RASOOLI, ROGER T Street Address (P.O. Box Number is Not Acceptable) 3530 FIRST AVENUE NORTH ST. PETERSBURG FL 33713 Zip Code 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) 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12, ☐ Delete RASOOLI, ROGERT T NAME 6700 CARDINAL DO. SOUTH. STREET ADDRESS 6900 CARDINAL DR SOUTH STREET ADDRESS SAINT PETERSBURG FIR 33 703 CITY-ST-ZIP SAINT PETERSBURG FL 33707 CITY-ST-ZIP ☐ Delete THE ☐ Addition ☐ Change NAME OTERO, GLADYS M NAME STREET ADDRESS 6217 102 TERRACE NORTH STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33782 CITY - ST - 7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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

(GIADIS MARIA CHERO) 4/24/01 727-322-1508 SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.