2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P9900032061 1. Entity Name AMAGNUM INDUSTRIES, INC. 04-24-2001 90351 041 ***150.00 Principal Place of Business Mailing Address 6061 BALBOA CIRCLE 6061 BALBOA CIRCLE SUITE 301 SUITE 301 00040561 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0909444 Not Applicable Zip Country Zip 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 HARLES ONGAZEL STAINBROOK, MAR Street Address (P.O. Box Number is Not Acceptable) # 105 2826 HELM COURT LAKE WORTH FL 33462 LOGI BALBOA CIRCLE Zip Code 33433 City BOCA RATON, 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 HARLESJ ECRETAL SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. **Addition** PD Change ☐ Delete TITLE TITLE SILVER, JOSEPH NAME NAME STREET ADDRESS 11561 AUGUSTUS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** Addition Delete TITLE ☐ Change TITLE STAINBROOK, MARK H S NAME NAME STREET ADDRESS # 105 2826 HELM COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33462. Addition Change TITLE ☐ Delete TITLE LONGAZEL, CHARLES NAME NAME 6061 BALBOA CIRCLE, SUITE 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33433** Delete Change ☐ Addition TITLE TITLE NEVINS, BARRY NAME NAME STREET ADDRESS 8496 NW 52 PLACE STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P 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 like empowered.

ONGAZEZ

SIGNATURE:

SIGNATURE AND TYPEDER PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/14/01 (54) 368-013

Daytime Phone #