SIGNATURE:

SIGNATURE AND TY ED OR POWITED

NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P99000033555 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name PREFERRED PLAYERS, INC. 01-22-2000 90010 032 ***150.00 Principal Place of Business Mailing Address 757 SE 17TH ST. SUITE 134 757 SE 17TH ST. SUITE 134 FT. LAUDERDALE FL 33316-2960 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suité, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 5-09 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namé LEONG, JERRY Street Address (P.O. Box Number is Not Acceptable) 757 SE 17TH ST, SUITE 134 FT. LAUDERDALE FL 33316 City Zip Code 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 ponted name of registered agent and title (i 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition CR2E034 (9/99) Change Delete TITLE TITLE LEONG, JERRY NAME NAME 757 SE 17TH ST, SUITE 134 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33316 **PVST** Change Addition ☐ Delete TITLE TITLE LEONG, JERRY NAME NAME 757 SE 17TH ST, SUITE 134 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33316 CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change Addition | Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete DILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP 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 a statute empowered. ton 6 571.361.7870 2000

Davtima Phone #