FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am Secretary of State DOCUMENT # P99000043252 1. Entity Name 05-15-2002 90060 008 ***158.75 MAGNUM ENTERPRISES, INC. Principal Place of Business Mailing Address P.O. BOX 80-0852 P.O. BOX 80-0852 AVENTURA FL 33280-0852 AVENTURA FL 33280-0852 Causewa 2. Principal Place of Business News 1666 -Cause DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0921839 Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired X 33141 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Scott Slota Street Address (P.O. Box Number is Not Acceptable) SLOTA, SCOTT CH UND TO 1935 MARSEILLE DR APT-#2 MIAMI BEACH FL 33141 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. Satio ent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Delete Scott Slota. NAME NAME SLOTA, SCOTT STREET ADDRESS STREET ADDRESS 1935 MARSEILLE DR APT-#2 North Ban CITY-ST-ZIP . CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete TITLE Magnen, NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1 CITY-ST-ZIP 🗕 🔲 Change . - 🔲 Addition atitle 🗫 🤹 Delete ===- 🛶 TITLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.

SIRMINTUPE: BEQUIRES