FILED 2001 UNIFORM BUSINESS REPORT (UBR) Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P99000048543 1. Entity Name COLLECTIBLESANDART.COM, INC. 4-26-2001 90254 043 ***150.00 Principal Place of Business Mailing Address 3141 W. HALLANDALE BEACH BLVD. 3141 W. HALLANDALE BEACH BLVD. HALLANDALE FL 33009 HALLANDALE FL 33009 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 65-0982038 Not Applicable Zio Country 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 Name DOUGLAS, MARC Street Address (P.O. Box Number is Not Acceptable) 3141 W. HALLANDALE BEACH BLVD. HALLANDALE FL 33009 Zip Code City 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition PD TITLE ☐ Delete TITL F NAME DOUGLAS, MARC NAME STREET ADDRESS 3141 W. HALLANDALE BEACH BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 ☐ Change Addition ☐ De:ete TITLE LITTLE, ILEEN NAME STREET ADDRESS 3141 W. HALLANDALE BEACH BLVD. STREET ADDRESS CITY-ST-2P CITY - ST - ZIP HALLANDALE FL 33009 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ACCRESS CITY - ST- 7IP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE ☐ De!ete TITLE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 chapter 18 and the proportion of the corporation of the receiver of the corporation of the

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS CITY-ST-ZIP

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICEA OR DIRECTOR

MEG 144

☐ Delete

STREET ADDRESS

CITY-ST-Z!P

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

4/12/01 45Y-962404/

☐ Change

Addition

CR2E034 (10/00