DOCUMENT # **P99000048859** May 18, 2000 8:00 am Secretary of State PRWATCHDOG.COM, INC. Principal Place of Business Mailing Address 04-26-2000 90054 028 ***150.00 7715 SW 86TH ST., #303 7715 SW 86TH ST., #303 MIAMI FI 33143 MIAMI FL 33143-7252 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 65-09 22724 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired. . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIAMI CENTER REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable 7715 Sw. \$655 # 201 S. BISCAYNE BLVD., 17TH FLOOR 3D 3 MIAMI FL 38131 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** Delete TITLE TITLE ROSENBERG, MATT NAME NAME STREET ADDRESS 7715 SW 86TH ST., #303 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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-7IF CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 chapter 607. changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR