| DOCUMENT # P99000048999  1. Entity Name E-PAWN, INC. |  |  |              |                           |                             | FILED May 01, 2001 08:00 AM Secretary of State                           |                        |                 |                   |              |
|--|--|--|--------------|---------------------------|-----------------------------|--|------------------------|-----------------|-------------------|--------------|
| Principal Plac                                       |  | Mailing Address  |              | <del></del> .             |                             |  |                        |                 |                   |              |
| CORAL SPRIN<br>33071                                 | igs FL   | CORAL SPRINGS<br>33071   |              | FL                        |                             |  |                        |                 |                   |              |
| 2. Principal P                                       | lace of Business   | 3. Mailing Address<br>1744 COLONIAL DRIVE                      |              |                           |                             |  |                        |                 | -                 |              |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.  |              |                           |                             | DO NOT WI  | RITE IN THIS           | SPACE           | –                 |              |
| City & State<br>CORAL SPRIN                          |  | City & State<br>CORAL SPRINGS                                  |              | FL                        |                             | FEI Number 5-0927654   |                        | <del></del>     | plied For         | ]            |
| Zip<br>33071   | Country  | Zip<br>33071   | Coun         | try                       | - 1                         | 5. Certificate of Status Desired S8.75 Additional Fee Required           |                        |                 |                   |              |
| · · · · · · · · · · · · · · · · · · ·                | 6. Name and Address of Current   | Registered Agent   |              |                           | 7.                          | Name and Address of New  | Registered             | Agent           |                   | 1            |
| MARTIN JENNY 1193 N.W. 114 AVE.  CORAL SPRINGS FL    |  |  |              |                           | ddress (P.O. I              | JENNY dress (P.O. Box Number is Not Acceptable) ONIAL DRIVE              |                        |                 |                   |              |
| 33071  | US   |  |              |                           |                             | RAL SPRINGS FL. e or registered agent, or both, in the State of Florida. |                        |                 | Zip Code<br>33071 |              |
| Tax filing r   | Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible requirement and elects to do so. Take on back)  OFFICERS AND            | FILE NOW!!  After MAY 1, 200  Make Check Payabl                | l FEE        | IS \$150.0<br>will be \$5 | 50.00<br>of State           | 10. Election Campaign I Trust Fund Contribut                             | DATE Financing tion. [ | 니 Added         | 0 May Be to Fees  |              |
| TITLE  | D 011102107413   | Delete   | TITLE        |                           |                             | DUTTONS/CHANGES TO U   | FFICERS AN             |                 | <del></del>       | 6            |
| NAME<br>STREET ADDRESS                               | WALKER WILLIAM<br>1177 W. LOOP S.  |  | NAME<br>STRE | E<br>Et address           |                             |  |                        | ☐ Change        | ☐ Addition        | E034 (11/00) |
| CITY-ST-ZIP  | HOUSTON  | TX   | CITY         | ST-ZIP                    |                             |  |                        |                 | <u>-</u>          | EO           |
| TITLE<br>NAME<br>STREET ADDRESS                      | VTD BAZSULY SUE 1193 NW 114TH AVENUE   | ☐ Delete   | NAME<br>STRE |                           | VTD<br>BAZSULY<br>1744 COLO | SUE<br>ONIAL DRIVE   |                        | X Change        | ☐ Addition        | CR2          |
| CITY-ST-ZIP  | CORAL SPRINGS  | FL 33071   | CITY         | -ST-ZIP                   | CORAL SE                    | PRINGS   | $\mathbf{FL}$          | 33071           |                   |              |
| TITLE NAME STREET ADDRESS                            | VSD MARTIN JENNY 1193 NW 114TH AVENUE  | ☐ Delete   | TITLE        |                           | VSD<br>MARTIN               | JENNY<br>ONIAL DRIVE   |                        | X Change        | ☐ Addition        |              |
| CITY-ST-ZIP  | CORAL SPRINGS  | FL 33071   |              | -ST-ZIP                   | CORAL SI                    |  | FL                     | 33071           |                   |              |
| TITLE<br>NAME<br>STREET ADDRESS                      | PCEO BAZSULY STEVE 1193 NW 114TH AVENUE  | ☐ Delete   | TITLE        |                           | PCEO<br>BAZSULY             | STEVE  |                        | X Change        | Addition          |              |
| CITY-ST-ZIP  | CORAL SPRINGS  | FL 33071   |              | -ST-ZIP                   | CORAL SE                    | ONIAL DRIVE<br>PRINGS  | FL                     | 33071           |                   |              |
| TITLE<br>NAME  |  | ☐ Delete   | TITLE        | <del></del>               |                             |  |                        | ☐ Change        | ☐ Addition        |              |
| STREET ADDRESS<br>CITY-ST-ZIP                        |  |  |              | et address<br>-st-zip     |                             |  |                        |                 |                   |              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                |  | ☐ Delete   |              |                           | -                           |  |                        | ☐ Change        | ☐ Addition        |              |
| of the cor   | certify that the Information supplied with<br>on this report or supplemental report is<br>poration or the receiver or trustee empo<br>or on an attachment with an address, v | true and accurate and that make wered to execute this report a | vennar       | TIFO COOL D               | aua tha coma                | Jacob offoot on if made unde   |                        | am an afficer   | ar director       |              |
| SIGNAT   |  | RINTED NAME OF SIGNING OFFICER O                               | R DIRECT     | OR                        | ]                           | PCEO 05/01/2001  Date  |                        | Daytime Phone # |                   |              |