2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99 0000 52 283 Jun 08, 2000 8:00 am **Secretary of State** PRISM PROPERTIES, INC. 06-08-2000 90432 043 ***150.00 Principal Place of Business Mailing Address 777 South Flagler Drive, Fre Suite 800W War Palm Breach FC 33401 3. Mailing Address 2. Principal Place of Business 4411 Beccon Circle 4411 Beawn Cirde Suite, Apt. #, etc.
Suite /A Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE IA 4. FEI Number 65 - 09 5 2372 Applied For City & State West Palm Beach FL West Palm Beach Not Applicable Zip 33407 Country Country S \$8.75 Additional 5. Certificate of Status Desired 33 407 Fee Required US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Philippe J. Brian C T Corporation System 1200 South Pike Island Road Street Address (P. Box Number is Not Acceptable) Plantation FL 33324 Suite IA City West Rolm Beach 33462 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 04-24-04 (NOTE: Registered Agent 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. ☐ Addition TITLE James A. Stuber Delete TITLE Change NAME NAME 777 South Flagler Mite Slette STREET ADDRESS STREET ADDRESS West Dalm Beace FL 33 407 CITY-ST-ZIP CITY-ST-ZIP \mathcal{D} , P, auChange Addition ☐ Delete TITLE TITLE Abdullah Acar 146 Vintage Inte, Ballen Foles NAME NAME STREET ADDRESS STREET ADDRESS West Bally Beach FC 374/8 CITY-ST-ZIP CITY-ST-ZIP Philipper. Brian ☐ Delete TITLE TITLE NAME 4411 Beacon Circle Suit 11 STREET ADDRESS STREET ADDRESS West Palm Beach FC 33407 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered. Philippe Brian Secretary SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR