## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900079456 Sep 13, 2000 8:00 am Secretary of State TITANIUM CORPORATION 09-13-2000 90025 013 \*\*\*550.00 Principal Place of Business Mailing Address 301 CLEMATIS STREET 301 CLEMATIS STREET WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 A0077638 Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent PERSIANI, JOHN B 301 CLEMATIS STREET WEST PALM BEACH FL 33401 8. The above named entity symmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE han reinstating 9. This corporation is eligible to satisfy its intangible -FILE NOW!!! FEE IS \$550.00 . -10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SD ☐ Change ☐ Addition TITLE Delete TITLE PERSIANI, JOHN B NAME NAME STREET ADDRESS **301 CLEMATIS STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Change | ☐ Delete TITLE ☐ Addition TITLE PAUL, JORDAN NAME NAME 301 CLEMATIS STREET STREET ADDRESS STREET ADDRESS CITY-ST-79 CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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

SIGNATURE: