2000 UNIFORM BUSINESS REPORT (UBR) FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # P99000081645 MEDALLION CAPITAL CORP. 05-23-2000 90246 038 ***150.00 Mailing Address Principal Place of Business 3450 NORTHLAKE BLVD., STE, 211 3450 NORTHLAKE BLVD., STE. 211 PALM BEACH GARDENS FL 33403-1711 BEACH GARDENS FL 33403 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 25-0 Not Applicable \$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 BRANNOCK, G. STEVEN Street Address (P.O. Box Number is Not Acceptable) 1800 SO. AUSTRALIAN AVE. SUITE 402 WEST PALM BEACH FL 33409 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. SIGNATUÌ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5,00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE O'BRIEN, CHRISTOPHER NAME NAME STREET ADDRESS STREET ADDRESS 3450 NORTHLAKE BLVD., STE. 211 CITY-ST-ZIE PALM BEACH GARDENS FL 33403 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chāngé ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP (CITY-ST-ZIP ☐ Change Addition TLE ☐ Delete TITLE AME NAME TREET ADDRESS STREET ADDRESS 'ITY-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 reduired by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the chapter of the corporation of the receiver or trustee empowered to execute this report as reduired by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the chapter of the corporation of the receiver of trustee empowered to execute this report as reduired by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the chapter of the corporation of the receiver of trustee empowered to execute this report as reduired by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the corporation of the receiver of trustee empowered to execute this report as reduired by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the corporation of the corporation of the receiver of trustee empower of the corporation of th changed, or on an attachment with an address like empowered. SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC