2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 23, 2001 8:00 am Secretary of State **DOCUMENT # S03275** PLATINUM GOLD ENTERTAINMENT, INC. 01-23-2001 90049 024 ***158.75 Principal Place of Business Mailing Address 3650 CORAL RIDGE DR 3650 CORAL RIDGE DR SUITE 102 SUITE 102 1 4 4 4 4 6 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 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. FEI Number Applied For 65-0222531 Not Applicable Zip Country 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 Name GOLDKLANK, GLENN M Street Address (P.O. Box Number is Not Acceptable) 3650 CORAL RIDGE DR SUITE 102 **CORAL SPRINGS FL 33065** Zip Code FŁ 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE **GOLDKLANK, JEFFREY S** NAME NAME STREET ADDRESS STREET ADDRESS 5700 NW 62 MANOR CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME GOLDKLANK, GLENN M NAME STREET ADDRESS STREET ADDRESS 1463 12TH FAIRWAY CITY-ST-ZIP CITY-ST-ZIP Margate FL Delete ☐ Change ☐ Addition NAME CARIM: GEORGE S NAME ---STREET ADDRESS 2002 WINNERS CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS

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 at under each powered 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 w ith all other like empowered.

CITY-ST-ZIP

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR