Feb 13, 2001 8:00 am **DOCUMENT # \$66593 Secretary of State** 1. Entity Name THE WANTMAN GROUP, INC. 02-13-2001 90029 007 ***150.00 Principal Place of Business Mailing Address 542 N.W. 77TH ST. 543 N.W. 77TH ST. 919594 **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 901 Northpoint Parkway 3. Mailing Address 901 Northpoint Parkway Suite, Apt. #, etc. Suite Apt. #, etc. Suite 204 DO NOT WRITE IN THIS SPACE Suite 204 City & State City & State Applied For 4. FEI Number 65-0271367 West_Palm_Beach, West Palm Beach. Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33407 33407USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Joel-N.-Wantman WANTMAN, JOEL Street Address (P.O. Box Number is Not Acceptable) 901 Northpoint Parkway 543 N.W. 77TH ST. **BOCA RATON FL 33487** $\overset{\text{Zip Code}}{33}\underline{407}$ West Palm Beach se of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entil submits this statemen SIGNATURE (NOTE: Registered Agent signature required when reinstating) t and title if applicable. FIL' 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. \square , Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. X Change Addition **PSD** TITLE ☐ Delete TITLE President. WANTMAN, JOEL NAME NAME Joel N. Wantman STREET ADDRESS STREET ADDRESS 543 NW 77 ST 901 Northpoint Parkway - Suite 204 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FI** West Palm Beach, FL TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE Delete TITLE Change Vice President NAME NAME David Wantman y---Suite-204-33407 STREET ADDRESS STREET ADDRESS 901 Northpoint Parkway-West Palm Peach, FL 33 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE Vice President NAME NAME Robin Petzold STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 901 Northpoint Parkway - Suite 204 CITY-ST-ZIF ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 apcurate 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 receivenor trustee embowered 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 adaress with all of ter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM OF SIGNING OFFICER OR DIRECTOR Daytime Phone #