2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 03, 2000 8:00 am **DOCUMENT # V09135** 1. Entity Name **Secretary of State** ROYALTY MANAGEMENT, INC. 06-03-2000 90142 006 ***150.00 Principal Place of Business Mailing Address 13231 HEATHER RIDGE LOOP 13231 HEATHER RIDGE LOOP FT. MYERS FL 33912 FT. MYERS FL 33912-1530 2. Principal Place of Business 3. Mailing Address 450 N. Park Road 450 N. Park Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 800 Suite 800 Applied For 4. FEI Number City & State 65-0313956 Not Applicable Hollywood, Hollywood. Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired USA._ 33021-JUSA 33021 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUCHNICK, SANFORD L. Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD. s/b Suite 620 North **SUITE 610 NORTH** HOLLYWOOD FL 33021 Zip Code 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. (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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DPS ☐ Addition DPS Change TITLE ☐ Delete TITLE Trevett, Gary TREVETT, GARY NAME NAME 13231 HEATHER RIDGE LOOP STREET ADDRESS 450 N. Park Road Suite 800 STREET ADDRESS CITY-ST-ZIP Hollywood, FL 33021 CITY-ST-ZIP FT. MYERS FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME 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 of 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

of the corporation or the receiver changed, or on an attachment w

SIGNATURE:

(954) 989-6449 April 27, 2000 Gary Trevett R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR