2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **G73022** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name VALVE AMPLIFICATION COMPANY 04-11-2000 90040 012 ***150.00 Principal Place of Business Mailing Address 807 BACON SREET 807 BACON STREET **DURHAM NC 27703** DURHAM NC 27703 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2362610 Not Applicable Zip Zip Country \$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 Name JUDD, STEVEN H. Street Address (P.O. Box Number is Not Acceptable) 2940 S. TAMIAMI TRAIL SARASOTA FL 34231 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE Delete TITI F HAYES, KEVIN M. NAME STREET ADDRESS STREET ADDRESS 902 PARK RIDGE RD, APT A7 CITY-ST-ZIP CITY-ST-ZIP DURHAM NC 27713 ☐ Addition VS. ☐ Delete Change TITLE TITLE NAME HAYES, CHANNING W. NAME STREET ADDRESS STREET ADDRESS 904 PARK RIDGE RD, APT B7 CITY-ST-ZIP CITY-ST-ZIP DURHAM NC 27713 Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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 address, with all other like empowered.

FFICER OR DIRECTOR

RINTED NAME O

SIGNATURE:

CHANNING W. HAYES

919-596-1107