2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000091057 V.

1. Entity Name Apr 19, 2001 8:00 am Secretary of State Activex America, Inc. 04-19-2001 90064 004 \*\*\*150 00 Principal Place of Business Mailing Address P.O. BOX 1365 3018 AVENUE C HOLMES BEACH, FL 34217 HOLMES BEACH, FL 34218 C0049297 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 65-1044283 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired MANATES Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent \_\_\_\_ Name SPIEGL + UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue Coral Gables, Florida 33134 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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: (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT TITLE Delete TITLE Addition Change JT ROY ROGERS 11020 BRISTOL BAY DRIVE#508 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FLORIDA 34209 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE' ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE. Delete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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 SIGNATURE: J. ROY

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR