2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 12, 2003 8:00 am Secretary of State P93000039785 DOCUMENT # 05-12-2003 90215 010 ***150.00 1. Entity Name HIGH TECH COMMUNICATIONS OF CENTRAL FLORIDA, INC Principal Place of Business Mailing Address 2605 NE 3RD ST 2605 NE 3RD ST OCALA FL 34470 OCALA FL 34470 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3186118 Not Applicable Zip Country Zip 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 LEONARD. ERSILIA F Street Address (P.O. Box Number is Not Acceptable) 4962 S.E. 35TH AVENUE OCALA FL 34471 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE nt and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete TITLE LEONARD, JOEL E JR. NAME NAME 4962 S.E. 35TH AVENUE STREET ADDRESS STREET ADDRESS OCALA FL 34471 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition LEONARD, ERSILIA F NAME NAME STREET ADDRESS 4962 S.E. 35TH AVENUE STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HARRYNARINE, GINA NAME STREET ADDRESS 4962 S.E. 35TH AVENUE STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition FALBO, JAMES. NAME STREET ADDRESS 2605 NE 3RD ST STREET ADDRESS OCALA FL 34470 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

CITY-ST-ZIP

FILED