2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # P97000020967 May 15, 2000 8:00 am Secretary of State 1. Entity Name ADVANCED COMMUNICATIONS TECHNOLOGIES, INC. 05-15-2000 90095 002 ***150.00 Principal Place of Business Mailing Address 3077EASTYSTSTYSTREET **新兴工程的各种的企业的企业** NEW YORK FL 10022-6702 NEW YORK FL 10022 2. Principal Place of Business 3. Mailing Address 19200 Von Karman Ave. 19200 Von Karman Ave. Suite, Apt. #, etc. Suite 500, Office #32 Suite, Apt. #, etc. Suite 500, DO NOT WRITE IN THIS SPACE Office #32 Applied For City & State Irvine, City & State 4. FEI Number 65-0738251 CA Irvine. CA Not Applicable Country 92604 \$8.75 Additional 5. Certificate of Status Desired UŚA. 92604 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LICHTMAN, JONATHAN J P.A. Street Address (P.O. Box Number is Not Acceptable) 4800 N. FEDERAL HIGHWAY SUITE D-100 **BOCA RATON FL 33431** 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 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 Added to Fees Trust Fund Contribution. (See criteria on back) "" Make Check Payable to Department of State NEW A CONTROL OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEOD or oxers of a system a ☐ Addition ☐ Change CEOD TITLE ☐ Delete TITLE Roger May 19200 Von Karman Ave. NAME NAME MAY: ROGER -STREET ADDRESS STREET ADDRESS 2222 MICHELSON DRIVE, SUITE 477 Irvine, Ca 92604 CITY-ST-ZIP CITY-ST-ZIP IRVINE CA 92612 **KX**Delete TITLE ----Change **★★** Addition TITLE CFOD Wayne I. Danson 315 W. 57th St., NAME NEEDHAM, NANCY DR Suite 501 STREET ADDRESS STREET ADDRESS 307 E. 51ST STREET New York, New York 10019 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** Change Addition XX Delete DITE TDO TITLE Wilbank J. Roche NAME DUPONT, REX-DR 2530 Wilshire Blvd., Suite 200 STREET ADDRESS STREET ADDRESS 2247 P.B.L. BLVD..STE.220 Santa Monica, CA 90403-4616 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 **某**X ☐ Change XX Addition TITLE TITLE Jonathan J. Lichtman NAME NAME HUMMEL. WENDELIN 4800 N. Federal Highway, D-100 STREET ADDRESS STREET ADDRESS 518 GABLES COURT Boca Raton, FL 33431 CITY-ST-ZIP CITY-ST-ZIP LANGHORNE PA 19047 ☐ Change Addition TITI F TITLE ☐ Delete NAME NAME PROUTY, RANDALL STREET ADDRESS STREET ADDRESS 1900 DECKER SCHOOL LANE CITY-ST-ZIE CITY-ST-ZIP MALIBU CA 90265-2339 ☐ Change ☐ Addition ☐ Delete TITLE TITLE D Finch, Michael R. Dr. NAME NAME FINCH, MICHAEL R DR. STREET ADDRESS STREET ADDRESS B7 Walnut St., #10 27 LAKESHORE DRIVE 02481 CITY-ST-ZIP Wellesley, MA CITY-ST-ZIP HOLISTON MA 01746 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

Wayne I. Danson.

CFO

FILED

(212) 977-4858

Daytime Phone #