## \* 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 04, 2001 8:00 am **DOCUMENT # 383354** Secretary of State 1. Entity Name DIMENSION ELECTRONICS, INC. 05-04-2001 90036 041 \*\*\*150.00 Principal Place of Business Mailing Address 120 E. OAKLAND PARK BLVD. 120 E. OAKLAND PARK BLVD. 546810 SUITE 105 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 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 59-1785812 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LITTLE, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 120 E. OAKLAND BLVD. #105 FT. LAUDERDALE FL 33334 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. 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. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition LITTLE, ARTHUR NAME NAME 120 E. OAKLAND PARK #105 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-71P ☐ Addition TITLE ☐ Delete TITLE □ Change DRAGO, C. NAME NAME 120 E. OAKLAND PARK BLVD. #105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33305 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition DOREMUS, J. NAME NAME STREET ADDRESS 120 E. OAKLAND PARK BLVD. #105 STREET ADDRESS \_CITY-ST-ZIP\_ FT. LAUDERDALE FL 33334~ CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition 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 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

<sup>4</sup>/24/01

Daytime Phone #

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: