2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # 444012** 1. Entity Name HOMESTEAD CO. MMUNICATIONS 03-15-2000 90032 032 ***150.00 Mailing Address Principal Place of Business 3600 NW 37TH COURT 3600 NW 37TH COURT MIAMI FL 33142-4966 MIAMI FL 33142-4952 иооынт д US HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country Zip i \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. Name JURICH, JOHN Street Address (P.O. Box Number is Not Acceptable) 3600 NW 37TH COURT **MIAMI FL 33142** 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Addition TITLE ☐ Delete TITLE JURICH, JOHN NAME NAME STREET ADDRESS 3600 NW 37TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete ☐ Change TITLE TITLE 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 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 additional statutes.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

1-7-60

Daytime Phone #

☐ Change

☐ Addition