2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # 691234** ELECTRONIC ENVIRONMENTS, INC. 04-26-2001 90244 045 ***150.00 **NEW ADDRESS - LOCATION** Mailing Address AVA - Audio Video Analyst 344 W INTL. SPEEDWAY BLVD **Electronic Environments Inc.** DAYTONA BEH FL 32114-3560 1901 Mason Ave. Suite 101 **Daytona Beach, Fl. 32117-5105** 2. Principal Place of Business 3. Mailing Address 901 MASON AUE 1901 Mason Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2125279 DAYTONA Not Applicable \$8.75 Additional 5. Certificate of Status Desired -5105 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEXTON, GEORGE ROBERT JR Street Address (P.O. Box Number is Not Acceptable) 164 AVOCET COURT DAYTONA BEACH FL 32119 Zin 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 Fiorida 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Chack Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TI7LE ☐ Delete TITLE Addit on Change SEXTON JR, GEORGE ROBERT NAME NAME 164 AVOCET COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZiP DAYTONA BCH, FL 00000 CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Channe Addition SEXTON, MONA NAME NAME 164 AVOCET CT STREET ADDRESS STREET ADDRESS CHY-ST-ZiP DAYTONA BCH FL 32119 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TELE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREE! ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-74P CITY-ST-7IP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR