DOCUMENT # 822837  1. Entity Name  COAXIAL SYSTEMS, INC.						Apr 16, 2002 8:00 am § Secretary of State 04-16-2002 90132 001 ***150.00						
Principal Place 700 ACKERMAN SUITE 280 COLUMBUS OF	N RD	Mailing Address 5111 OCEAN BLVD SUITE C SARASOTA FL 34242 US	OCEAN BLVD E C									
2. Principal Place of Business  JIII OCEAN OLUB  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE						
City & State	e	City & State			4	4. FEI Number 59-1286904 Applied For Not Applicate						}
Zip 34 v 4 Country US		Zip Count		try							75 Additional Required	
	6. Name and Address of Current R	egistered Agent		_Name		. Name a	na Adaress or	New Regist	erea Age	ent		4
MCGILLICU			dress (P.C	). Box Nun	nber is Not Acc	eptable)		<del></del>	<del></del>	-		
5111 OCEAN BLVD SARASOTA FL 33581												
				City					FL	Zip Cod	е	]
SIGNĀTURE _	named entity submits this statement for Signature, typed or printed name of registered agent an		Registere	d Agent signatu	re required whe		ooth, in the Sta		DATE		<del></del> -	
Tax filing requirement and elects to do so.  (See criteria on back)  After May 1, 2002  Make Check Payable				will be \$5!	50.00 of State							
11.	OFFICERS AND D	IRECTORS	12.			ADDITION	S/CHANGES	O OFFICERS	S AND D	IRECTOR	3 IN 11	_ ا
NAME Street address	VD MCVOY, D STEVENS 5111 OCEAN BLVD SARASOTA,FL 0	☐ Delete								] Change	☐ Addition	25024 70/01
NAME STREET ADDRESS	D Delete ICGILLICUDDY, DJ 111 OCEAN BLVD ARASOTA,FL-0		NAMI STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP						] Change	Addition	2
STREET ADDRESS	D Silverstein, Barry 5111 Ocean BlvD Sarasota,fl 0	Delete ERSTEIN, BARRY OCEAN BLVD		: E Et address -St-Zip						] Change	Addition	
STREET ADDRESS	S SCHIAVO, MARJOUR 5111 OCEAN BLVD SARASOTA,FL 0	☐ Delete								] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete								] Change	Addition	}
NAME STREET ADDRESS CITY-ST-ZIP	vertify that the information supplied with the	□ Delete .	CITY	E Et address -St-Zip		110.07	2V2 FL			Change	Addition	

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: