2000 UNIFORM BUSINESS REPORT (UBR) A99000000374 DOCUMENT # FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name VANDYKE COMMUNICATION, LTD. 00 MRY 2 AM 8: 33 Mailing Address Principal Place of Business 3501 SOUTH DEL PRADO BLVD., SUITE 211 3501 SOUTH DEL PRADO BLVD., SUITE 211 CAPE CORAL FL 33904-7222 CAPE CORAL FL 33904 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Alexander Reus, Eg SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) (clein 343 ALMERIA AVENUE **CORAL GABLES FL 33904** 100 N. Biscayna Blod. Suite 2100 Zip Code 33132. kilani 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. Alwander Reus, Esq. SIGNATURE Signature, typed or printed name of registered agent and bitle if applicable 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$100.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. OCC STABLE P98000055714 DOCUMENT# STREET ADDRESS VANDYKE COMMUNICATION, INC. NAME 3501 SOUTH DEL PRADO BLVD., SUITE 211 STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCLIMEÑT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CTTY - ST - ZIP CITY - ST - ZIF 14. 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 is true and accurate and that purisignature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as repaired by Chapter 620, Florida Statutes