2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 06, 2001 8:00 am Secretary of State DOCUMENT # F0000006479 1. Entity Name DIGITAL CONNECTION, INC. 04-06-2001 90055 031 ***150.00 Principal Place of Business Mailing Address 1540-A SOUTH BELTLINE HWY PO BOX 16308 MOBILE AL 36693 MOBILE AL 36616-0308 2. Principal Place of Business 3. Mailing Address 208 South P.O.BOX Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 63-1242417 Not Applicable Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip 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 Florida Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE PCD □ Delete TITLE NAME NAME WEBB, LC PATRICK 1208 South Beltline Hwy STREET ADDRESS STREET ADDRESS 1540-A SOUTH BELTLINE HWY Mobile, AL 36609 CITY-ST-ZIP CITY-ST-ZIP MOBILE AL ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME PRESTON, RICHARD E STREET ADDRESS STREET ADDRESS 8601 KIMBERLIN DR., SOUTH CITY-ST-ZIP CITY-ST-ZIP Mobile al ☐ Delete TITLE Change [Addition TITLE NAME SHEEHAN, JOHN 3661 airport Blud., #14/ Morice, al 36608 STREET ADDRESS STREET ADDRESS 136 SOUTH BERRY CITY-ST-ZIP CITY - ST-ZIP OLEAN NY ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change · ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 the rike empowered.

chard E. Preston 4/3/0/ 334345-