2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an add

SIGNATURE AND TYPE OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 06, 2002 8:00 am secretary of State DOCUMENT # F01000001752 1. Entity Name LIVE WIRE COMMUNICATIONS, INC. 03-06-2002 90091 003 ***150.00 Mailing Address Principal Place of Business 828 RALPH MCGILL BLVD., SUITE 318 828 RALPH MCGILL BLVD.. SUITE 318 ATLANTA GA 30306 ATLANTA GA 30306 2. Principal Place of Business Mailing Address 0. (box 140370 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State GAINESU Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. 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 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition **PSD** ☐ Delete TITLE Change TITLE NAME HIRSCHBERG, MICHAEL NAME 1251 AVE OF THE AMERICAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10020-1104 ☐ Change ☐ Addition president ☐ Delete TITLE TITLE dward NAME NAME 2731 SW Williston Rel STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF inesuille. Fi Engineeri, NG Change ☐ Addition ☐ Delete TITLE TITLE Higgins NAME NAME 1920 NW BAND LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change TITLE ナーこうり ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32608 TITLE Change ☐ Addition ☐ Delete TITLE DAMON HURLAN NAME NAME TETYCICE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with his 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.

FILED