2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90138 016 ***150.00

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DOCUMENT # F02000004618

1. Entity Name
TIGER TELEMATICS, INC.

Principal Place of Business	Mailing Address
~~6001 POWERLINE ROAD~~ ~~FT. LAUDERDALE, FL 33309~~	~~6001 POWERLINE ROAD~~ ~~FT. LAUDERDALE, FL 33309~~

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4190 Belfort Rd	4190 Belfort RD
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. Suite 200
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32216 Country USA	Zip 32216 Country USA

4. FEI Number 13-4051160 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARRENDER, MICHAEL W ~~6001 POWERLINE ROAD~~ ~~FT. LAUDERDALE, FL 33309~~	Name CARRENDER, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 4190 Belfort Rd #200 City Jacksonville FL Zip Code 32216

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael W. Carrender MICHAEL W. CARRENDER 4-1-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPST CARRENDER, MICHAEL W 6001 POWERLINE ROAD FT. LAUDERDALE, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD 4190 Belfort RD # 200 Jacksonville, FL 32216	X Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael W. Carrender 4-1-03 904-279-9240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #