FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am Secretary of State F85964 DOCUMENT # 1. Entity Name 05-27-2002 90351 005 ***150.00 BARTLETT TECHNOLOGIES CORPORATION Mailing Address Principal Place of Business 5601 RODMAN ST 5601 RODMAN ST HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2508133 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARTLETT, THOMAS E. 1443 NW 113TH WAY PEMBROKE PINES FL 33026 is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE □ Delete TITLE NAME BARTLETT, THOMAS E. NAME 5601 LOOMAN ST STREET ADDRESS 4601 RODMAN STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 CITY-ST-7IP Addition Change Delete TITLE TITLE BARTLETT, ARTHUR D. NAME NAME STREET ADDRESS **5601 RODMAN STREET** STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 CITY-ST-ZIP ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE

13. 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 chapter or on an attachment with an addess, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. 4/30/0Z

954-987-167

Daytime Phone #