2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9300005149 Aug 31, 2000 8:00 am Secretary of State 1. Entity Name LPI/COMPUSYSTEMS, LTD. 08-31-2000 90007 042 ***550.00 Principal Place of Business Mailing Address 2500 HOLLYWOOD BLVD 2500 HOLLYWOOD BLVD **SUITE 215 SUITE 215** HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business Mailing Address wood Blud Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 88-0274608 Not Applicable 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 MUNIZ, DAVID 2500 HOLLYWOOD BLVD **SUITE 215** HOLLYWOOD FL 33020 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. DAUIDMINIZ SIGNATURE : FILE NOWIL REELS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCOD Delete TITI F TITLE MUNIZ, DAVID NAME NAME 2832 Hollyw 2500 HOLLYWOOD BLVD, SUITE 215 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition **Delete** TITLÉ STREETER, THERON NAME 2848 N.E. 35TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME Steen Lines STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-7/P

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDINECTOR DATE DATE

954920766blo