2002 UNIFORM BUSINESS REPORT (UBR)

0463549 AV

DOCUMENT # F96000003873

1. Entity Name
PARADYNE CREDIT CORP.

FILED
02 APR 9 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8545 126 AVE N LARGO FL 33773 US	8545 126 AVE N LARGO FL 33773 US

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-2658217 — 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
UCC FILING & SEARCH SERVICES, INC. 526 E PARK AVENUE, STE 200 TALLAHASSEE FL 32301	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 S Pine Island Road Plantation, FL 33324 City: FL Zip Code: 33324

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 Barbara A Burke — BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY — 4-2-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent s gnature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☒ Delete	TITLE	Director ☐ Change ☒ Addition
NAME	STANTON, DAVID M	NAME	James J. O'Brien
STREET ADDRESS	1035 FRANCISCO ST	STREET ADDRESS	301 Commerce Street, Suite 3300
CITY-ST-ZIP	SAN FRANCISCO CA	CITY-ST-ZIP	Fort Worth, Texas 76102
TITLE	PCD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	EPLEY, THOMAS E	NAME	300005418523--3
STREET ADDRESS	414 14TH STREET	STREET ADDRESS	-05/01/02--01080--022
CITY-ST-ZIP	SANTA MONICA CA 90402	CITY-ST-ZIP	****150.00 ****150.00
TITLE	VCTS ☐ Delete	TITLE	CEO and Director ☒ Change ☐ Addition
NAME	MURPHY, PATRICK M	NAME	
STREET ADDRESS	506 W DALE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	CITY-ST-ZIP	
TITLE	Vice President & Secretary ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	Barry H. Black	NAME	
STREET ADDRESS	3057 Braeloch Circle	STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33761	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 ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CEO — 04/05/02 — (727) 530-2977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patrick M. Murphy