2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9700000335 May 01, 2000 8:00 am Secretary of State 1. Entity Name MACTIVE, INC. 05-01-2000 90418 014 ***150.00 Mailing Address Principal Place of Business 751 NORTH DRIVE 751 NORTH DRIVE SUITE 1 MELBOURNE FL 32934-9289 MELBOURNE FL 32934 2. Principal Place of Business 3. Mailing Address 410 N. Wickham Rd. 410 N. Wickham Rd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 200 Suite 200 4. FEI Number Applied For City & State City & State 52-2006037 Melbourne, Florida Melbourne, Florida Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired: 32935-8668 U.S. 32935-8668 U.S 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROESSLER, SCOTT Street Address (P.O. Box Number is Not Acceptable) 410 N. Wickham Rd. 410 N.W. WICKHAM ROAD STE 200 Suite 200 SATELLLITE-BEACH-FL-32935 Melbour<u>ne,</u> ²32935–8668 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 ... (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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, 2000 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. ☐ Delete TITLE ☐ Change Addition TITLE FAHLVIK, HANS-ANDERS NAME NAME Ċ ĸ STREET ADDRESS GARNISONSGATAN 10. S-25466 STREET ADDRESS HELSINGBORG, SWEDEN CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE HANNA, RAY L NAME NAME 1000 THOMAS JEFFERSON ST. NW, STE. 305 STREET ADDRESS STREET ADDRESS WASHINGTON DC 20007 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME Roessler, Scott Melbourne, FL 32935 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2000

22/- 254 -5559

Daytime Phone #