2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 18, 2000 8:00 am Secretary of State DOCUMENT # F98000000886 1. Entity Name AUDIOTRACK WATERMARK SOLUTIONS CORP. 09-18-2000 90146 001 \*\*\*558.75 Principal Place of Business Mailing Address % DARYL B. CRAMER, P.A. % DARYL B. CRAMER, P.A. 515 NORTH FLAGLER DRIVE. SUITE 910 515 NORTH FLAGLER DRIVE. SUITE 910 B0107250 WEST PALM BEACH FL 33401-4325 WEST PALM BEACH FL 33401-4325 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0807166 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name DARYL B.-CRAMER, P.A.-Street Address (P.O. Box Number is Not Acceptable) 515 NORTH FLAGLER DRIVE. SUITE 910 WEST PALM BEACH FL 33401-4325 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS 11. **PCST** Change ☐ Addition Delete TITI F TITLE BERNBAUM, RONALD L NAME NAME 2235 SHEPPARD AVE EAST, #904, NORTH YORK STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ONTARIO M2J 5B5 CANADA ☐ Addition D ☐ Delete TITLE ☐ Change TITLE BERNBAUM, RONALD L NAME 2235 SHEPPARD AVE EAST. #904. NORTH YORK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ONTARIO M2J 5B5 CANADA ☐ Change ☐ Addition TITLE ☐ Delete SCHWARTZ, RICHARD NAME 7850 NW 146TH STREET SUITE 308 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33016 CITY-ST-ZiP ☐ Change Addition TITLE ☐ Delete MARENZI, GARY NAME NAME STREET ADDRESS STREET ADDRESS 2235 SHEPPARD AVE EAST, #904 CITY-ST-ZIP CITY-ST-ZIP ONTARIO, M2J 5B5 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DAVIS, COLIN P NAME NAME STREET ADDRESS 2235 SHEPPARD AVE EAST, #904 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ONTARIO, M2J 5B5 Delete TITLE ☐ Change ☐ Addition TITLE NAME GOLDEN, ALAN NAME STREET ADDRESS STREET ADDRESS 2235 SHEPPARD AVE EAST, #904 CITY-ST-ZIP CITY-ST-ZIP

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? like empowered

SIGNATURE:

ONTARIO, M2J 5B5

CR2F034 (5/00)