2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F9800004858 Apr 17, 2001 8:00 am Secretary of State 1. Entity Name ECI IP INC. 04-17-2001 90172 007 ***150.00 Principal Place of Business Mailing Address 8160 BAYMEADOWS WAY WEST. SUITE 220 8160 BAYMEADOWS WAY WEST, SUITE 220 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3528719 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SENNOTT, TOM O. Box Number is Not Acceptable) 1201 W. CYPRESS CREEK ROAD FORT LAUDERDALE FL 33309 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. FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. . Change TITLE PCE0 ☐ Delete TITLE NAME KENNEDY, J R STREET ADDRESS STREET ADDRESS 8160 BAYMEADOWS WAY WEST, SUITE 220 CITY-ST-ZIP CITY-ST-ZIF JACKSONVILLE FL 32256 Delete TITLE Budder NAME NAME SENNOTT, TOM W. Cypress Greek Rd. STREET ADDRESS STREET ADDRESS 1201 W. CYPRESS CREEK ROAD CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 TÎTLE TITLE NAME NAME Jack Ziros FRIEDMAN, TZVIKA STREET ADDRESS 30 HASIVIM ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PETAH TIRVA IS 49133 Delete NAME BER, SAMUEL NAME STREET ADDRESS STREET ADDRESS **30 HASIVIAMST** CITY-ST-ZIP CITY-ST-ZIP PETAH TIKVA FL 49133 TITLE Delete TITLE NAME WELLINGSTEIN, RAN NAME STREET ADDRESS STREET ADDRESS 8160 BAYMEADOWS WAY W STE 220 CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32256 TITLE □ Defete TITLE Addition Zohar NAME NAME STREET ADDRESS STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

TiKva

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