

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90148 030 ***550.00

DOCUMENT # F98000004858

1. Entity Name
ECI IP INC.

Principal Place of Business
8160 BAYMEADOWS WAY WEST, SUITE 220
JACKSONVILLE FL 32256

Mailing Address
8160 BAYMEADOWS WAY WEST, SUITE 220
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3528719**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BUDDEN, KRISTIN
1201 W. CYPRESS CREEK ROAD
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature 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

TITLE **PCEO** ☐ Delete
 NAME **KENNEDY, J R**
 STREET ADDRESS **8160 BAYMEADOWS WAY WEST, SUITE 220**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **TS** ☒ Delete
 NAME **BUDDEN, KRISTIN**
 STREET ADDRESS **1201 W CYPRESS CREEK RD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **VP** ☐ Delete
 NAME **ZIROS, JACK**
 STREET ADDRESS **12950 WORLD GATE DRIVE SUITE 800**
 CITY-ST-ZIP **HERNDON VA 20170**

TITLE **AVGM** ☒ Delete
 NAME **SIMAK, JAMES**
 STREET ADDRESS **8160 BAYMEADOW WAY WEST SUITE 220**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **DC** ☐ Delete
 NAME **SIMCHONY, TAL**
 STREET ADDRESS **30 HASIVIM ST**
 CITY-ST-ZIP **PETAH TIKVA IS 49133**

TITLE **D** ☒ Delete
 NAME **ZOHAR, ISRAEL**
 STREET ADDRESS **30 HARIVIN ST**
 CITY-ST-ZIP **PETAH TIKVA IS 49133**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)