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2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **F99000002537** 00 APR 28 PM 1:31 🕹 USA DIGITAL OF NEVADA, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address P.O. BOX 172574 P.O. BOX 172574 TAMPA FL 33672-0574 **TAMPA FL 33672** 3. Mailing Address 2. Principal Place of Business 100 W. LUCERNE CIR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. suite 600 Applied For City & State 4. FEI Number 59-3560920 LANDO Not Applicable 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 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 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, 2000 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. CPST アムエノカ ☐ Addition TITLE ☐ Delete TITLE COBB, MARK D NAME NAME 2440 CEDARCREST PLACE STREET ADDRESS 137 STRAWBERRY JUNCTION LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 ☐ Delete TITLE DARDEN, DONALD E NAME NAME STREET ADDRESS 1134 OX BOTTOM RD. STREET ADDRESS \*\*\*\*158.75 \*\*\*\*158.75 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 PETER J. LYONS/CEO. Change [ BY13 RIVER BRANCH PLACE ☐ Delete TITLE TITLE NAME NAME CEO/DIR STREET ADDRESS STREET ADDRESS SANFORD FC 32771-8356 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE KENNETH D. ALLEN NAME NAME 119 E LAUREL AVENUE STREET ADDRESS STREET ADDRESS HOWEY IN THE HILLS, FC 34737 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR TITLE ☐ Delete TITLE DANIEL J. MONTA GUE NAME NAME 100 W. LUCERNE CIR. # 600 STREET ADDRESS STREET ADDRESS CITY-ST-7IF DRIANDO FL 32801 CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME 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: 1 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR