May 30, 2000 8:00 am

DOCUMENT # F99000003477

1. Entity Name

FT. LAUDERDALE FL 33301

Secretary of State XCELERATE CORP. 05-02-2000 90102 045 ***150.00 Mailing Address Principal Place of Business ONE EAST BROWARD BLVD. SUITE 800 ONE EAST BROWARD BLVD. SUITE 800 FT. LAUDERDALE FL 33301-1877 2. Principal Place of Business 3. Mailing Address 200 East las Ojas Boulevard 200 East Las Olas Boulevard Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PH-A PH-A Applied For City & State City & State 4. FEL Number 65-0929226 Ft. Lauderdale, Not Applicable Lauderdale \$8.75 Additional 5. Certificate of Status Desired 33301 USA 33301 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PI ANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Cheir Francis/ Officer /Treasurer Chance ☐ Delete DILE TITLE Anthony Crukele FRCEK, BRUCE K NAME one EXY Brower Blue. Ste 800 NAME ONE EAST BROWARD BLVD. SUITE 800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 Change ■ Addition TITLE TITLE Delete FRCEK, LYNN NAME NAME STREET ADDRESS ONE EAST BROWARD BLVD. SUITE 800 STREET ADDRESS CITY-ST-712 CITY-ST-ZIP FT. LAUDERDALE FL 33301 □ Change Addition TITLE TITLE Deteté HARLEY, WILLIAM NAME NAME STREET ADDRESS ONE EAST BROWARD BLVD. SUITE 800 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Delete TITLE ☐ Addition TITLE DENTON, SHANNON NAME NAME STREET ADDRESS STREET ADDRESS ONE EAST BROWARD BLVD. SUITE 800 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Change ☐ Addition TITLE X Delete TITLE WESTERHEIDE, TED NAME NAME STREET ADDRESS STREET ADDRESS ONE EAST BROWARD BLVD. SUITE 800 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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 suppliemental 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

HAME

STREET ADDRESS.

CITY-ST-ZIP

COFFEY, MIKE

ONE EAST BROWARD BLVD. SUITE 800

FT. LAUDERDALE FL 33301

SIGNATURE AND TYPED OR PROJED NAME OF SIGNING OFFICER OR DIRECTOR

<u>04126/2000 (954)713-2723</u>