2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

May 01, 2000 8:00 am Secretary of State DOCUMENT # **F99000005376** 1. Entity Name GENESIS COMMUNICATIONS INTERNATIONAL, INC. 05-01-2000 90014 038 ***150.00 Principal Place of Business Mailing Address 11995 EL CAMINO REAL, SUITE 102 11995 EL CAMINO REAL, SUITE 102 SAN DIEGO CA 92130 SAN DIEGO CA 92130-2565 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 33-0659638 Not Applicable Zip Zip Country 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 HIQ CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE., SUITE 200 TALLAHASSEE FL 32301 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 \$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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Change TITLE Delete TITLE GIETZEN, DEREK M NAME NAME STREET ADDRESS 11995 EL CAMINO REAL, SUITE 102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92024 DCFO ☐ Addition ☐ Delete TITLE Change GIETZEN, THALIA R NAME 11995 EL CAMINO REAL, SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92024 ☐ Change ☐ Delete TITLE ☐ Addition TITLE KREMICKI, MARY ANNE NAME NAME STREET ADDRESS STREET ADDRESS 11995 EL CAMINO REAL, SUITE 102 CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92024 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ___ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED