2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 14, 2000 8:00 am Secretary of State DOCUMENT # F9900005793 DOTCOM MORTGAGE, INC. 01-14-2000 90026 047 ***150.00 Principal Place of Business Mailing Address 7310 MIRAMAR ROAD, SUITE 404-B 7310 MIRAMAR ROAD. SUITE 404-B SAN DIEGO CA 92126-4222 **PC16000**M SAN DIEGO CA 92126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 33-0859675 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. 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. ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME LEVINE, BRIAN M STREET ADDRESS 7310 MIRAMAR ROAD, SUITE 404-B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92126 ☐ Change TITLE ☐ Delete Addition NAME SUNDERLAND, CHRIS I NAME STREET ADDRESS STREET ADDRESS 7310 MIRAMAR ROAD, SUITE 404-B CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92126 ☐ Change ☐ Addition TITLE SCD ☐ Delete TITI F NAME NAME BISHOP, MARK A STREET ADDRESS STREET ADDRESS 7310 MIRAMAR ROAD, SUITE 404-B CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92126 ☐ Change Addition TITLE ☐ Delete 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-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

Ceo

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 06 JANOO

858.549.7971