FILED Apr 23, 2003 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR) 04-23-2003 90655 001 ***476.25 DOCUMENT # F9900005967 1. Entity Name AEC Direct, Inc. **カカリムフィオリ** DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 4250 Coral Ridge Drive Suite, Apt. #, etc. Suite. Apt. #. etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0958529 Coral Springs, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33065 US Fee Required 7. Name and Address of Current Registered Agent Name Corporation Services Company DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1201 Hays Street City Tallahassee 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Trust Fund Contribution П Amended UBR is \$61.25 Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02 THIE TITLE President, Director MAME MAME Eric Weisman STREET ADDRESS STREET ADDRESS 4250 Coral Ridge Dr Coral Springs, FL 33065 CITY-ST-ZIP CITY-ST-ZIP THLE ime CFO, SVP, Director NAME NAME George Campagna STREET ADDRESS STREET ADDRESS 4250 Coral Ridge Dr Coral Springs, FL 33065 CHTY-ST-ZIP CITY-ST-ZIP TITLE TITLE Secretary NAME NAME. Isabel Barney STREET ADDRESS STREET ADDRESS DO NOT WRITE 4250 Coral Ridge Dr Coral Springs, FL 33065 CITY-\$1-ZIP City-St-ZIP. THE MLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THE THILE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THE NAME NAME

FOR PROFIT CORPORATION

12. 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 tegal 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 10 or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CiTY-ST-ZIP

SIGNATURE:

SIGN

STREET ADDRESS

CiTY-ST-ZIP

LAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05

(954) 255-4-20

Daytime Phone #