2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 23, 2001 8:00 am DOCUMENT # F99000006251 **Secretary of State** 1. Entity Name CITRUSPLANET.COM, INC. 01-23-2001 90033 019 ***150.00 Principal Place of Business Mailing Address 4414 CAPRISON STREET, N.W. 414 CARRISON STREET, N.W. 771582 WASHINGTON DC 20010-Washington DC 20016 --2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4831 WESTERN AVE, MUD < SAME City & State Applied For 4. FEI Number NOT APPLICABLE WASHINGTON, DC Not Applicable Country Zin \$8.75 Additional 5. Certificate of Status Desired 20016 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. CR2E034 (10/00) TITLE TITLE ☐ Delete ROGERS, CALVIN W NAME NAME 4831 WESTERN AVE, NU 4414 GARRISON STREET, N.W. STREET ADDRESS STREET ADDRESS WASHINGTON, DC 20016 WASHINGTON DC 20018-CITY-ST-ZIP CITY-ST-7IP CD Change TITLE ☐ Delete TITLE SMITH, DAVID M NAME NAME GE MONTADALE DRIVE 4414 GARRISON STREET, N.W. STREET ADDRESS STREET ADDRESS **WASHINGTON DC 20016** CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ROGERS,-AMY S NAME NAME 4831 WESTERN AVE, NW 4414 GARRISON STREET, N.W. STREET ADDRESS STREET ADDRESS WASHINGTON DC 20016 WASHINGTON, DC ZOOIG CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WHITE, WALKER NAME NAME 4822 QUEBEC STREET, N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WASHINGTON DC 20016 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 frie 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 frustee 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 original time empowered.

OR DIRECTOR