2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # G21892** 1. Entity Name GROSS COMMUNICATIONS CORPORATION 04-16-2001 90264 024 ***150.00 Principal Place of Business Mailing Address 170 W. FAIRBANKS AVE. 170 W. FAIRBANKS AVE. **SUITE #200** SUITE #200 WINTER PARK FL 32789 WINTER PARK FL 32789 ШS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 36-2429823 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GROSS, JOHN B. Street Address (P.O. Box Number is Not Acceptable) 170 W. FAIRBANKS AVE. WINTER PARK FL 32789 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME GROSS, HERBERT P NAME STREET ADDRESS STREET ADDRESS 2046 N COUNTRYSIDE CR CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 00000 Addition ☐ Change □ Delete TITLE GROSS, MARGARET K. NAME NAME STREET ADDRESS 2046 N COUNTRYSIDE CR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE Change Addition TITLE Delete NAME GROSS, JOHN B. NAME STREET ADDRESS 1605 HIGHLAND RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK_FL ☐ Delete ☐ Change ☐ Addition NAME GROSS, JAMES M. NAME STREET ADDRESS STREET ADDRESS 924 VERSAILLES CIR CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS 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 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 address, with all other like empowered.

SIGNATURE:

Daytime Phone #