2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # G44077 Aug 22, 2000 8:00 am Secretary of State 1. Entity Name IMAGE DATA SYSTEMS, INC. 08-22-2000 90121 001 ***300.00 Principal Place of Business Mailing Address 401 S. FLORIDA AVE. 401 S. FLORIDA AVE. LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address <u>319 S.Scenic</u> 318 S. Scenic Hwy Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 100 City & State 100 City & State Applied For 4. FEI Number 59-2312209 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Usteen OSTEEN, ALLEN R. ddress (P.O. Box Number is Not Acceptable) 494 S. MARKET AVE. FT. PIERCE FL 34982 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE TITLE ☐ Delete OSTEEN, ALLEN R NAME NAME 318 S. Scenic Hwy Suite 100 STREET ADDRESS 1880 N CRYSTAL LAKE DR. STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP DST ☐ Delete TITLE OSTEEN, SUZANNE B NAME 319 S. Scenic Hwy. Suite 100 1880 N CRYSTAL LAKE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP akewales, FL 33853 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ 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 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.

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOC# 644077 19845 19844

"A RENTAL COMPANY..."

318 So. Scenic Hwy-#100 Lake Wales, FL 33853 (863) 679-1444

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fla.

August 16, 2000

re:

Image Data Systems Inc. Computer Tyme Inc.

To whom it may concern,

Please accept this formal request for waiver of the late filing fees against the above listed corporations.

Please be encouraged to believe that I have not, to my knowledge, received the first notice for filing. Although I have signed and filed many UBR's in the past years, I somehow never realized the penalty date fell before the Incorporation date.

Enclosed, please find a check and filing Document.

Thank you in advance for your consideration.

Sincerely,

Allen R. Osteen