2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # H36551** 1. Entity Name TMT REPORTING, INC. 04-26-2001 90218 042 ***150.00 Principal Place of Business Mailing Address 201 EAST KENNEDY BLVD 201 EAST KENNEDY BLVD **SUITE 1409 SUITE 1409 TAMPA FL 33602** TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address : 2990 West Hillsborough A 13990 W. Hillskorough Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2527369 1 ampa Not Applicable Country \$8.75 Additional 33635 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Marie Crowder CROWDER, THERESA MARIE Street Address (P.O. Box Number is Not Acceptable) 201 E KENNEDY BLVD. STE 1409 **TAMPA FL 33602** 3990 West Hillsbergush 8. The above named entify sub-flits this statement for the purpose of changing its registered office or registered agent, or both, in the Stato of Florida Signature system of printed name of registered 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TATALE ☐ Delete PUST Addition Change Therese Marke Crowder CROWDER, THERESA MARIE NAME NAME: 13990 west Hillsborough Ave. Tampa, FL 33635 201 E KENNEDY BLVD. 1409 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTALE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.