2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 22, 2000 8:00 am Secretary of State **DOCUMENT # H48353** 1. Entity Name BYTESIZE, INC. 01-22-2000 90056 011 ***150.00 Principal Place of Business Mailing Address 11542 CLEAR CREEK DR. 11542 CLEAR CREEK DR. PENSACOLA FL 32514 PENSACOLA FL 32514-9703 904340 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2529492 Not Applicable Zip Country Zip Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAY & KIEVIT LAW FIRM Street Address (P.O. Box Number is Not Acceptable) 15 WEST MAIN STREET PENSACOLA FL 32501 Zip Code City 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. 1/17/2000 SIGNATURE typed or printed name of registered agent and title if applicable, (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, 2000 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 TITLE ☐ Change ☐ Delete TITLE BLANCHARD, DALLAS A. NAME NAME STREET ADDRESS 11542 CLEAR CREEK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE BLANCHARD, GLENDA H. NAME 11542 CLEAR CREEK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP--CITY-ST-ZIP PENSACOLA FL □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Defete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME 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 an address, with all other like empowered. SIGNATURE: GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP