

00 APR 28 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # H49135				FILED	
1. Entity Name				00 APR 28 AM 8:29	
LASERGATE SYSTEMS, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business		Mailing Address		 DO NOT WRITE IN THIS SPACE	
2189 CLEVELAND ST. STE. 230 CLEARWATER FL 33765		2189 CLEVELAND ST. STE. 230 CLEARWATER FL 33765-3234			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		c/o tickets.com			
City & State		555 Anton Blvd., 12th floor			
City & State		Costa Mesa, CA		4. FEI Number 59-2543206	
Zip		92626		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country		USA		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOORE, JAMES 2189 CLEVELAND ST STE 230 CLEARWATER FL 33765				Name CT Corporation System	
				Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
				City Plantation, FL 33324	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida.					
SIGNATURE: <u>Connie Bryan</u> SPECIAL ASSISTANT SECRETARY DATE: <u>April 28, 2000</u>					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐					
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
11. OFFICERS AND DIRECTORS					
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
D SWACKER, FRANK ☒ Delete					
DVS Kwatek, Irwin ☐ Change ☒ Addition					
V SOECHTIG, CLIFF ☒ Delete					
VD Rodriguez, Michael ☐ Change ☒ Addition					
D CHLUSKI, JOHN J ☒ Delete					
PD Kelly, Timothy E. ☐ Change ☒ Addition					
CPD SOECHTIG, JACQUELINE E ☒ Delete					
0000003238430--7					
V MOORE, JAMES ☒ Delete					
-05/03/00--0000000000					
CFO JONES, ALFRED P ☒ Delete					
****150.00 ****150.00					
3. 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 full power like empowered.					
SIGNATURE: <u>Kwatek</u> 4/27/00 714 327 5442					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					