2001 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # H63242** Jan 16, 2001 8:00 am **Secretary of State** 1. Entity Name MASSEY PERSONS BRINATI COMMUNICATIONS, INC. 01-16-2001 90060 004 ***158.75 Mailing Address Principal Place of Business 620 N WYMORE RD 620 N WYMORE RD UU4448 MAITLAND FL 32751 MAITLAND FL 32751 US us 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2869430 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORAN, THOMAS P Street Address (P.O. Box Number is Not Acceptable) 111 N ORANGE AVE STE 1200 ORLANDO FL 32801 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. SIGNATURE 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 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 11. ☐ Change ☐ Addition Delete TITLE NAME PERSONS, TODD NAME STREET ADDRESS STREET ADDRESS 950 ORANOLE ROAD CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL ■ Addition ☐ Delete PD TITLE NAME BRINATI, CAROL NAME STREET ADDRESS STREET ADDRESS 100 RIVERSIDE DRIVE #505 CITY-ST-7IP CITY-ST-ZIP COCOA BEACH FL 32922 ☐ Addition Change TITLE CD Delete TITLE NAME MASSEY, HARVEY L. NAME STREET ADDRESS 1550 VIA TUSCANY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Addition ☐ Change ☐ Delete TITLE CORINO, BARBARA A. NAME NAME STREET ADDRESS STREET ADDRESS 417 RUTH STREET CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE 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.