2002 UNIFORM BUSINESS REPORT (UBR)

Jun 03, 2002 8:00 am Secretary of State DOCUMENT # J43041 1. Entity Name 06-03-2002 91166 049 ***550.00 INFOSOURCE, INC. Principal Place of Business Mailing Address 6953 UNIVERSITY BLVD. 6947 UNIVERSITY BLVD WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Nümber 59-2336346 Not Applicable Zip Country 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 WARRNER, THOMAS W Street Address (P.O. Box Number is Not Acceptable) 6953 UNIVERSITY BLVD. WINTER PARK FL 32792 City Zip Code FL 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) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition DIRECTURICEO TITLE Delete TITLE ☐ Change DΡ WERNER MICHAEL NAME WARRNER, THOMAS NAME 1516 OAKHURST NUE. STREET ADDRESS STREET ADDRESS 713 IRONWOOD CT. WINTER PARK FZ 32789 CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL TITLE ☐ Delete TITLE ☐ Change Addition DVPF NAME O'REILLY, LINDA STREET ADDRESS STREET ADDRESS 2283 WESTMINSTER TERR CITY-ST-ZIP-CITY-ST-ZIP-OVIEDO FL 32765 TITLE Delete TITLE Change ☐ Addition NAME KLUSSON, TIMOTHY J STREET ADDRESS STREET ADDRESS 906 KIM COURT CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 Delete TITLE Change ☐ Addition TITLE CTO NAME NAME MOORBY, PAUL STREET ADDRESS STREET ADDRESS 3700 BEAN TREE PLACE CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 ☐ Change ☐ Addition TITLE TITLE NAME NAME DILL, JEFF STREET ADDRESS STREET ADDRESS 14951 N DALLAS PARKWAY CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75247 TITLE TITLE Change ☐ Addition NAME WEISS, TONY NAME STREET ADDRESS STREET ADDRESS 14951 N DALLAS PARKWAY CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75247

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:

FILED