2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # J47901** 1. Entity Name CSC HOLDING, CORP. 02-01-2000 90124 010 ***158.75 Mailing Address Principal Place of Business C/O ROY A KERSHAW C/O ROY A KERSHAW 605 TOWNSEND ROAD 605 TOWNSEND ROAD COCOA FL 32926-3321 COCOA FL 32926 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2744557 Not Applicable Country \$8.75 Additional Zip Country X 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOIVU. MARTIN S. Street Address (P.O. Box Number is Not Acceptable) 5100 DALEHURST DRIVE COCOA FL 32926 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DVS TITLE ☐ Change Addition TITLE Delete KALLESTAD, JOHN P. NAME NAME 605 TOWNSEND ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL ☐ Change Addition ☐ Delete TITLE TITLE KOIVU, MARTIN S. NAME NAME STREET ADDRESS STREET ADDRESS 5100 DALEHURST DR. CITY-ST-7IP CITY-ST-ZIP COCOA FL Change Change Addition ☐ Delete TITLE TITLE KERSHAW, ROY A ERSHAW, ROY A 415 CEPHEUS COURT NAME NAMÉ 6665 CECIL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP 15LAND, FL 32953 CITY-ST-ZIP COCOA FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME 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 er 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 repeiver 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: SIGNATURE: SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date OF DAYLING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DATE OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DATE OF SIGNIN