2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2002 8:00 AM
Secretary of State

DOCUMENT# K44826

Entity Name: 70,000, INC.

Current Principal Place of Business:

% DAVID J. WILEY
720 MAGNOLIA AVE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

% DAVID J. WILEY
713 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

% DAVID J. WILEY
720 MAGNOLIA AVE
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

% DAVID J. WILEY
713 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-2927948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILEY, DAVID J
720 MAGNOLIA AVE
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

WILEY, DAVID J
713 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168 US

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: 04/20/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DEVER, THOMAS
Address: 765 OLD MISSION RD
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: STD ( ) Delete
Name: WILEY, DAVID J
Address: 254 GOLF CLUB DRIVE
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: D ( ) Delete
Name: WILEY, DAVID J
Address: 720 MAGNOLIA STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WILEY D 04/20/2002
Electronic Signature of Signing Officer or Director — Date