2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L48027 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name K-WAVES, INC. 04-22-2000 90011 005 ***150.00 Principal Place of Business Mailing Address % ALLEN JAY FOGELSANGER % ALLEN JAY FOGELSANGER 2560 S BAYSHORE DR 2560 S BAYSHORE DR COCONUT GROVE FL 33133-4705 COCONUT GROVE FL 33133 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0169909 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOGELSANGER, ALLEN JAY Street Address (P.O. Box Number is Not Acceptable) 2560 S BAYSHORE DR COCONUT GROVE FL 33133 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) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete FOGELSANGER, ALLEN JAY NAME 2560 S BAYSHORE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE FOGELSANGER, KEVIN NAME NAME 2560 S BAYSHORE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT GROVE FL CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 105 ee 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 attachm

SIGNATURE: