FILED
Jul 16, 2002 8:00 am
Secretary of State
07-16-2002 90347 017 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 50587

1. Entity Name
Level 3, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 372066
Suite, Apt. #, etc.
City & State
Satellite Beach, FL.
Zip 32937 Country U.S.A.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Same
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2989223 Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Michael Manchester
Street Address (P.O. Box Numbers Not Acceptable) 812 Hedgerock Square
City Satellite Beach FL Zip Code 32937

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 Michael Manchester PST Michael Manchester 7/1/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PST
NAME	Manchester, Michael
STREET ADDRESS	P.O. Box 372066
CITY-ST-ZIP	Satellite Beach, FL, 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Manchester Michael Manchester April 29th, 2002 321-779-9239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #