2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # L87724 Jul 13, 2000 8:00 am **Secretary of State** ELECTRO/SONICS, ENTERPRISES, INC 07-13-2000 90012 046 ***150.00 Principal Place of Business 404-C HANK ST 404-C HAWK ST ROCKLEDGE, FL 32955 ROCKLED GE, FL 32955

2. Principal Place of Business

3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 59-302413 Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRIGHT CHARLES W. Street Address (P.O. Box Number is Not Acceptable) 404-C HAWK ST Zip Code ROCKLEDGE, FL 32955 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. DATE Signature, typed or printed name of registered agent and title if applicable. (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BRIGHT, CHARLES W TITLE NAME 404-C'HAWK ST STREET ADDRESS STREET ADDRESS ROCK LEDGE IL CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change BRIGHT, GENELDA TITLE 404-C HAWK ST NAME STREET ADDRESS STREET ADDRESS ROCK LEDGE, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE BRIGHT LINDAS NAME 417 SUMMIT RIDGEDR #117 STREET ADDRESS STREET ADDRESS LONGWOOD, FL 32779 CITY-ST-7IP CITY-ST-ZIP BRIGHT LISA A Addition TITLE 417 SUMMIT RIDGE PL#117 NAME STREET ADDRESS STREET ADDRESS LONGWOOD, FL 32779 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP DIT ST-ZIP Change Addition ☐ Delete TITLE HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ^--- ST-7IP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

A0067205

CHARLE BRIGHT
404-C HAWK ST
DOUBLAS ,FL 32955
ROCKLEDGE

Request taken by: yfisher 06-26-2000

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

Therk you for your rapid response to my needs since I had never received a pilery form from your affice. Please think Ms Fisher for her help.

Shork your again
Clearles W. Bright
404-C Hawk It
Rock le Sax Fr 32955