FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Feb 20, 2002 8:00 am Secretary of State DOCUMENT # P0000003240 . Entity Name CODING CONNECTIONS, INC. 02-20-2002 90080 003 ***150.00 rincipal Place of Business Mailing Address 3713 SE 15TH AVE 3713 SE 15TH AVE CAPE CORAL FL 33904 CAPÉ CORAL FL 33904 3. Mailing Address 17201 Principal Place of Business Pleasure 7201 Pleasure Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0973134 ape wral Care Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SKIPPER. SHERI K Street Address (P.O. Box Number is Not Acceptable) 3713 SE 15TH AVE CAPE CORAL FL 33904 . . Zip Code 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. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ÎTLE **PVST** Delete TITLE AME SKIPPER, SHERI K NAME r Treet address 3713 SE 15TH AVE STREET ADDRESS CAPE CORAL FL 33904 TY-ST-7IP CITY-ST-7IP TLE ☐ Delete TITLE ☐ Change ☐ Addition AME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP TLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP TLE ☐ Delete TITLE ☐ Change ☐ Addition AME NAME TREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ΪLE Delete TITLE Change Addition AME NAME TREET ADDRESS STREET ADDRESS ÍTY-ST-ZIP CITY-ST-ZIP ÎLE ☐ Delete TITLE ☐ Change ☐ Addition AME NAME REET ADDRESS STREET ADDRESS

3. 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.

CITY-ST-ZIP

SIGNATURE

. TY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1902 Date

Daytime Phone #