2001 UNIFORM BUSINESS REPORT (じBR) FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P0000016375 SKYWARD COMMUNICATIONS, INC. 01-30-2001 90125 009 ***158.75 Principal Place of Business Mailing Address 19513 ESTUARY DRIVE 19513 ESTUARY DRIVE **BOCA RATON FL 33498 BOCA RATON FL 33498** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State Applied For 8N381 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GUTTVEG, GARY** 19513 ESTUARY DRIVE **BOCA RATON FL 33498** purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sub-SIGNATURE agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME **GUTTVEG, GARY** STREET ADDRESS STREET ADDRESS 19513 ESTUARY DRIVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** ☐ Addition ☐ Delete ☐ Change TITLE TITLE MIDKIFF, MARK NAME NAME STREET ADDRESS STREET ADDRESS 1101 NW 40 AVE CITY-ST-ZIP CITY-ST-7IP **COCONUT CREEK FL 33066** TITLE ☐ Delete TITLE ☐ Change Addition USH DONALD NAME NAME 2381 N.W. 39th Oxive STREET ADDRESS STREET ADDRESS BOM PATON FL 33434 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 efficit like empowered.

SIGNATURE:

GNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-01 (954) 968-8660