FILED

2002 Uniform Business Report (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Apr 02, 2002 8:00 am Secretary of State P00000018997 DOCUMENT # 1. Entity Name 04-02-2002 90951 026 ***158.75 PENTAGON SOFTWARE CORPORATION Principal Place of Business Mailing Address UUUU4WW 905 BRICKELL BAY DRIVE. SUITE #1629 905 BRICKELL BAY DRIVE, SUITE #1629 MIAM! FL 33131 **MIAMI FL 33131** Buyshoot be DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0986415 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7: Name and Address of New Registered Agent ZENDO CAPITAL INC. 905 BRICKELL BAY DRIVE, SUITE #1629 MIAMI FL 33131 Zip 29/32 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 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete TITLE TITLE CR2E034 (9/01 Change Addition THEUERMESHTER, WOLF NAME NAME THEUERMEISTEK, WOLF 717 N. Bayshare mire, 905 BRICKELL BAY DRIVE, SUITE #1629 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33132 TITLE ☐ Delete TITLE ☐ Change Addition AUMGARTNER, HEIDRUN NAME NAME . Bayshore Drive 3452 411, FL 33132 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change 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 ag address, with all other like empowered.