FILED Jun 02, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P00000028879 04-22-2002 90202 012 ***150.00 1. Entity Name LIVEOPS.COM, INC. Principal Place of Business Mailing Address 33570 112 ROSE DRIVE 112 ROSE DRIVE FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Cily & State 4. FEI Number Applied For 65-0995388 Not Applicable Ζip Country Zip 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 FEIRSTEIN-DOUGLAS Street:Address:(P:O:Box:Number is:Not:Acceptable) 2001 NE 26TH DRIVE

City

Zip Code

FI

Daytime Phone #

FORT LAUDERDALE FL 33306

submits this state

8. The above named entity

recese of changing its registered office or registered agent, or both, in the State of Florida, SIGNATURE Signature, typed or printed name of regis agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 П 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 TITLE ☐ Defete MLE (9/01) ■ Addition NAME FEIRSTEIN, DOUGLAS NAME STREET ADDRESS 2001 NE 26TH DRIVE STREET ADDRESS 3R2E034 CITY-ST-712 FORT LAUDERDALE FL 33306 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOLE ☐ Chance ☐ Addition 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 true. Employing the last of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true. Employing this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if