2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# P00000037786

Entity Name: SRA/PARADYNE, INC.

Current Principal Place of Business:

5345 PINE TREE DRIVE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

5345 PINE TREE DRIVE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0998167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLIFFORD, STEIN M
5345 PINE TREE DR.
MIAMI, FL 33140 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STEIN, CLIFFORD M
Address: 5345 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: FRANK, STEPHEN
Address: 2601 S. BAYSHORE DR., SUITE 1129
City-St-Zip: MIAI, FL 33133

Title: D ( ) Delete
Name: CARY, ELTON
Address: 4000 TOWERSIDE TERR., UNIT 501
City-St-Zip: MIAMI, FL 33138

Title: V ( ) Delete
Name: GOLDEN, JOANNA
Address: 5345 PINE TREE DR.
City-St-Zip: MIAMI, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD M. STEIN D 04/12/2007

Electronic Signature of Signing Officer or Director — Date