2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State DOCUMENT # P0000046895 05-16-2001 90205 010 ***150.00 THE-ECORPORATION.COM, INC. Principal Place of Business Mailing Address 4313 HOLLYWOOD BLVD., SUITE 203 4313 HOLLYWOOD BLVD., SUITE 203 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1006169 City & State Applied For City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ರ್-೯೯ - __ SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zip Code 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 (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition **PSD** TITLE TITLE □ Delete NAME NAME WILLIAMS, DANA STREET ADDRESS 4313 HOLLYWOOD BLVD., SUITE 203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change Addition VD. ☐ Delete TITLE TITLE NAME VELA, WILLIAM C NAME STREET ADDRESS STREET ADDRESS 4313 HOLLYWOOD BLVD., SUITE 203 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE ☐ Change Addition TD Delete TITLE ____ DELANE, MIRA Y NAME NAME STREET ADDRESS STREET ADDRESS 4313 HOLLYWOOD BLVD., SUITE 203 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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 other like empowered