2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # P00000057413 05-15-2001 90061 024 ***150.00 2K WEB SERVICES, INC. Principal Place of Business Mailing Address 3896 BEGONIA ST. 3896 BEGONIA ST. PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address lo. Box Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For West B 65-10687 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33*40* 2 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHMITT, TRAVIS T Street Address (P.O. Box Number is Not Acceptable) 3896 BEGONIA ST. PALM BEACH GARDENS FL 33410 City Zip Code 8. The above named entity submits this statement for th inging 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 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) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CEO ☐ Delete ☐ Change ■ Addition SCHMITT, TRAVIS T NAME 3896 BEGONIA ST. STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP C10 TITLE ☐ Delete TITLE ☐ Change Addition POLICY, FRANKLIN W NAME NAME STREET ADDRESS 516 BISCAYNE DR. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-7IP TITLE Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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 □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 if quired 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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/01 (Se

(561)346-8262 Daytime Phone #

FILED