2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND A

DR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 2001 8:00 am Secretary of State DOCUMENT # P0000083162 1. Entity Name STRATEGIC IMPACT!, INC. 05-11-2001 90090 044 ***150.00 Principal Place of Business Mailing Address 7491 N FEDERAL HWY SUITE 251 7491 N FEDERAL HWY SUITE 251 BOCA RATON FL 33487 BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number, Applied For Not Applicable Zip 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 Name CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET #200 MIAMI BEACH FL 33139 Zip Code City 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, typed or printed name of registered agent and title if applicable. (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) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT TITE F Addition ☐ Delete TITLE Change LOGULLO, DARYL T NAME NAME STREET ADDRESS 7491 N FEDERAL HWY SUITE 251 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** VICE-PRESIDENT TITLE ☐ Delete Change Addition LOGULO ELIZABETH B 7491 N REDEREN HWY SUITE 251 STREET ADDRESS STREET ADDRESS BOCA RATION, FL 33487 CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 frue 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 truster emphysered 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 a all other like empowered.