2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # POODOOH2125, Apr 30, 2001 8:00 am Secretary of State 1. Entity Name GEN-COMM INC. 04-30-2001 90455 033 \*\*\*158.75 Principa! Place of Business Mailing Address 00043518 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE 1645 IST 1411 10TH AUF WEST City & State City & State Applied For 4. FEI Number BRIADENTON ALMETTO 65-1059812 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired MANATER MANATER 34221 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEORGE D PRIMOZIC Street Address (P.O. Box Number is Not Acceptable) ICTH AUE, WEST PALMETTO, FL. 34221 Zip Code FL 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 Signature, typed or printed name of registered agent and title-flapplicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE P/V/T/S/D/C/M ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME GEORGEDWICHT PRIMOZIC 141 IOTH AUE WEST STREET ADDRESS STREET ADDRESS CITY - ST - Z:P CITY-ST-ZIP PALMETTO, PL. 34221 Addition Delete TITLE Chance TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CiTY - ST - ZIP T(T) F ☐ Chaege Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete [7] Change Addition: TiTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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.

CR2E034 (11/00)