2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 27, 2002 8:00 am Secretary of State P01000002204 **DOCUMENT #** 1. Entity Name OPEN-EYED COMMUNICATION TECHNOLOGIES, INC. 05-27-2002 90377 039 ***158.75 Mailing Address Principal Place of Business 1430 N.W. 192ND TERRACE B0117416 1430 N.W. 192ND TERRACE MIAM! FL 33169 MIAMI FL 33169 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 65-10660 \$8.75 Additional Country Zip Country Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUGGAN, BERTRAM ROHAN Street Address (P.O. Box Number is Not Acceptable) 9580 WEST ELM LANE MIRAMAR FL 33025 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Duggan, Bertram Rohan Delete TITLE NAME RAMSAY, BERTRAM ROHAN 95 80 West Elm Lane NAME STREET ADDRESS 9580 WEST ELM LANE STREET ADDRESS Miramar, FL 33025 CITY-ST-ZIP MIRAMAR FL 33025 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME RAMSAY, TRICIA-ANNE M NAME STREET ADDRESS STREET ADDRESS 1430 N.W. 192 TERRACE CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP · Maddition :Change ☐ Delete TITLE TITLE NAME DUGGAN, HORAC F.A. NAME STREET ADDRESS STREET ADDRESS 9580 WEST ELM LANE CiTY-ST-ZIP MIRAMAR FL 33025 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME ROGERS, ANTHONY L NAME STREET ADDRESS P.O. BOX 2247 STREET ADDRESS CITY-ST-ZIP RALEIGH NC 27601 CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME FUSEY, GARFIELD A NAME STREET ADDRESS 120 N.W. 189TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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. CITY-ST-ZiP

Ricia-Anne Kamsay 4/22/02

FILED