FILED 2003 FOR PROFIT CORPORATION Apr 23, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P01000004446 DOCUMENT # 1. Entity Name 04-23-2003 90092 045 ***150.00 SUBSEA CABLE CONTRACTING, INC. Principal Place of Business Mailing Address 308 WINSTON-MANOR ROAD 308-WINSTON-MANOR ROAD SANTA ROSA BEACH FL 32459 SANTA-ROSA BEACH FL 32459 Principal Place of Business 3. Mailing Address 35 Whik 1e100 a35 White Herm Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For onta Rosa 65-3691750 Beach an ta Not Applicable 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 BARTLESON, RICHARD W JR Street Address (P.O. Box Number is Not Acceptable) 308-WINSTON-MANOR ROAD SANTA ROSA BEACH FL 32459 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. I am familiar with, and accept **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition Change BARTLESON, RICHARD W JR NAME NAME STREET ADDRESS 388 WINSTON MANOR ROAD-STREET ADDRESS CITY-ST-ZIP SANTA ROSA BEACH FL 32459 CITY-ST-7IP ☐ Delete TITLE TITLE NAME BARTLESON, KELLYANNE M NAME STREET ADDRESS STREET ADDRESS 308 WINSTON MANOR ROAD CITY-ST-7IF SANTA ROSA BEACH FL 32459 CITY-ST-ZIP TITLE Delete TITLE Change - Maddition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(F CITY-ST-ZIP TITLE Delete □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an a ddress, with all other like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition