FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Aug 21, 2002 8:00 am Secretary of State P01000081650 **DOCUMENT#** 1. Entity Name BAJILLION.COM, INC. 08-21-2002 90049 047 ***150.00 Principal Place of Business Mailing Address 3411 CAPITOL MEDICAL BLVD. 3411 CAPITOL MEDICAL BLVD. TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address DLD FROUSH DR R216 DUD EDGUSH Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 3736889 Applied For FL ALKSONVILLE 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 Name ~ SIMONSON, DANA J Street Address (P.O. Box Number is Not Acceptable) 8216 OLD ENGLISH DRIVE JACKSONVILLE FL 32244 City Zip Code 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 September 13, 2002 Fee will be \$750,00 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 (4/02)TITLE ☐ Delete TITLE Change Addition J SIMDUSON NAME NAME DLD ENGUSH DR STREET ADDRESS STREET ADDRESS ACKSONVILLE FL 32244 CITY-ST-ZIP CITY-ST-7/P M SARBENT Delete TITLE TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP DRADGE FL 32073 TITLE TITLE ■ Addition CHRISTO-PITER S JOHNSON NAME ≈--NAME STREET ADDRESS DEED RIVER STREET ADDRESS WAUEA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME

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 attachn ect with an address, with all other like

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Attachment

August 13, 2002

bajillion.com

8216 Old English Dr. Jacksonville, FL 32244-2445 # P01000081650 123949

Katherine Harris Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

RE:- Corporation Filing Fee ____

Dear Katherine Harris,

I am requesting a waiver of the \$400 penalty because my company did not receive notice of the annual \$150.00 filing fee. If there is any further information required please contact me.

Thank you,

Dana Simonson President Bajillion.com, Inc.