FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 23, 2002 8:00 am Secretary of State DOCUMENT # P01000091674 1. Entity Name 9-23-2002 90045 002 ***550.00 DAN THE MAN WIRING, INC. Principal Place of Business Mailing Address 641 SW 28TH AVENUE 641 SW 28TH AVENUE FT. LAUDERDALE FL.33312 FT. LAUDERDALE FL 33312. 2. Principal Place of Business 3. Mailing Address 6278 N. 6278 N, FEIDERAL FESERAL HUN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #*575* ≠*575* City & State 4. FEI Number 1138525 Applied For City & State T LAUS FLORIDA FORT LAUSEADALE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33308 Fee Regulied 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAXTON, DANIEL Street Address (P.O. Box Number is Not Acceptable) 641 SW 28TH AVENUE FT. LAUDERDALE FL 33312 ¥ 57S LAUS EADAL E 8. The above named entity submits this statement for the purpose of changing its registered of 6 both is the State of Florida. (NOTE: Registered Age 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRES., SEC., TAEASURE Delete PALLS, SEC., TRESSULE DANIEL Q. SAXTON 6278 NO. FEDERAL HWY Addition TITLE TITLE NAME NAME 6278 NO. FEDERAL HWY #575 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT LAUSERDALE, FI 33305 Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐-Delete -TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ 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-7IP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does indicated on this report or supplemental report is true and according the corporation or the receiver of trustee empdyered to execute. not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ute 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.

SIGNATURE: