FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am § Secretary of State DOCUMENT # P01000115561 1. Entity Name THE CORNER MICROWAVE CORPORATION 05-28-2002 91768 033 ***150.00 Principal Place of Business Mailing Address 422 MAHDZERPARETMENT OF STATE 422 MAHOGANY AVE. KEY LARGO FEOSIT (KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address 512 512 79TH 79 TH Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For BEACH, FL PETE BEACH. 65 1157285 Not Applicable Country \$8.75 Additional 33706 5. Certificate of Status Desired -- Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IVANOUS KAS IVANOUSKAS, VYTAS Street Address (P.O. Box Number is Not Acceptable 422 MAHOGANY AVE. KEY LARGO FL 33037 PETE BEACH 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE (9/01)-Change ☐ Addition NAME IVANOUS KAS VYTAS IVANOUSKAS, VYTAS NAME STREET ADDRESS 422 MAHOGANY AVE. 512 79TH AVE STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-7IP ST. PETE BEACH FL. ☐ Delete TITLE Addition NAME SULLIVAN KARAN SULLIVAN, KARAN NAME STREET ADDRESS 422 MAHOGANY AVE. STREET ADDRESS 512 79TH AVE CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP PETE BEACH 33706 TITLE ☐ Delete ☐ 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-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/F CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 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

IVANOUS KAS 4/30/02 727-363-817 SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.