2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 16, 2002 8:00 am Secretary of State DOCUMENT # P01000120139 1. Entity Name 07-16-2002 90346 024 ***558 EBI COMMUNICATIONS, INC. Mailing Address Principal Place of Business 1006 GRAND COURT 1006 GRAND COURT HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 30-000-<u>6305</u> Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE NAME NAME STACKPOLE, EDWARD STREET ADDRESS STREET ADDRESS 1006 GRAND COURT CITY-ST-7IP CITY-ST-ZIP HIGHLAND BEACH FL 33487 ☐ Addition Change ☐ Delete TITLE TITLE NAME PEREZ. BERT STREET ADDRESS STREET ADDRESS 1006 GRAND COURT CITY-ST-ZIP CITY-ST-7IP HIGHLAND BEACH FL 33487 Change ☐ Addition Delete TITLE TITLE NAME NAME Stackpole, Mir STREET ADDRESS STREET ADDRESS 1006 GRAND COURT CITY-ST-ZIE CITY-ST-7IP HIGHLAND BEACH FL 33487 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 attachment with an address, with a other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

Daytime Phone #

CR2E034 (9/01)