## 2003 FOR PROFIT CORPORATION

Mar 03, 2003 8:00 am & Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000037151 **DOCUMENT #** 1. Entity Name 03-03-2003 90438 040 \*\*\*150.00 VAUDIX, INCORPORATED Principal Place of Business Mailing Address 4450 NE 29TH AVENUE 4450 NE 29TH AVENUE LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number Not Applicable Zip 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 CORPORATE CREATIONS NETWORK INC. (P.O. Box Number is Not Acceptable) Street Address 941 FOURTH STREET #200 MIAMI BEACH FL 33139 8. The above named phtity subfinite 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 obligat gistered äge SIGNATURE ogistered agent and title if applicable (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 ☐ Change Addition Kolb, Christopher L NAME NAME STREET ADDRESS 4450 NE 29TH AVENUE STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HUME, RONALD NAME STREET ADDRESS 4450 NE 29TH AVENUE STREET ADDRESS CITY-ST-7IP LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change 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 TITLE ☐ 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

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SIGNATURE:

12. I hereby certify that the information supplied indicated on this report or supplemental real of the corporation or the recei changed, or on an attail

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h this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED**