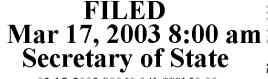
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000132510 DOCUMENT # 1. Entity Name ACTION COMPUTERS, INC.



03-17-2003 90060 041 ***150.00



Principal Place of Business Mailing Address 17666 SW 20TH STREET 17666 SW 20TH STREET MIRAMAR FL 33029 MIRAMAR FL 33029 3. Mailing Address 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 54 – 2 Applied For City & State City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent MCCAIN, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 17666 SW 20TH STREET MIRAMAR FL 33029 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change ☐ Addition Delete TITLE TITLE NAME MCCAIN, CHRISTOPHER NAME STREET ADDRESS 17666 SW 20TH STREET STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP MIRAMAR FL 33029 ☐ Change Addition TITLE TITI F ☐ Delete CLAIN, ANDREA NAME NAME 7666 S.W. 20TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP 33029 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change TET) F Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change (Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address