FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000091826

1. Entity Name
GAIACOMM INTERNATIONAL CORPORATION

FILED
04 APR 21 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4867 Victoria Chase CT	4867 Victoria Chase CT
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Jacksonville FL	City & State: Jacksonville, FL
Zip: 32257 Country: DUVAL	Zip: 32257 Country: DUVAL

DO NOT WRITE IN THIS SPACE 04

4. FEI Number — ✓ Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor
City: MIAMI FL Zip Code: 33145

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

800035793668
05/10/04--01020--006 **150.00

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

Title	Name	Street Address	City St Zip
P, D	DAVID H. Horne, Jr.	1674 WestMINISTER AVE	Jacksonville, FL 32210-1255
V, D, S, T	DAN J. Thomas, Jr.	4867 Victoria Chase CT	JACKSONVILLE, FL 32257-5206
D	ROB S. COTTON	1445 Smith Rd.	TRAVERSE City, MI 49686
D, C	DR. Judah Ben-Hur	19312 So. Gunlock Ave	CARSON, CA 90746

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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

SIGNATURE: [signature] DAN J. Thomas, JR. 4-5-04 904 607 9966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #