2007 FOR PROFIT CORPORATION

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 25, 2007 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P04000013723 1. Entity Name 01-25-2007 90031 017 ***150.00 UNITED GLOBAL TECHNOLOGIES, INC. Principal Place of Business Mailing Address 1489 WEST PALMETTO PK RD 6320 NW 72ND PLACE PARKLAND FL 33067 #400 **BOCA RATON FL 33486** 2. Principal Place of Business - No P.O. Box # 6320 NW 72nd Place 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For 56-2430023 Not Applicable 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 LINZ, RICHARD Street Address (P.O. Box Number is Not Acceptable) **6320 NW 72ND PLACE** PARKLAND FL 33607 City Zip Code 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, typed or numed nume of registered agent and title if applicable NOTE Registered Agent sign ared when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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 ш ☐ Delete ШН Change Addition LINZ, RICHARD NAMI **6320 NW 72ND PLACE** STREET ADDRESS STRULT ADDITISS PARKLAND FL 33067 CHY ST-ZIP CHY ST ZIP HILE ☐ Delete 11111 ☐ Change Addition NAMI STREET ADDRESS STREET LABORESS CHY SI-ZIP CHY ST ZIP IIIL ☐ Delete 1183 ☐ Change Addition NAME MAM STREET ADDRESS STREET LADDRESS CITY ST ZIP CITY ST ZIP ☐ Delete 51111 11111 Change Addition NAMI NAMI STREET ADORESS SIDELLADDRESS CHY ST ZIP CHY ST ZIP 111114 ☐ Delete Change THEF Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY ST-7IP CHY ST 7IP IGIE ☐ Delete HILL Change Addition NAME NAMI STREET ADDRESS STREET LADDRESS CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

FILED

Daytime Phone #