2008 FOR PROFIT CORPORATION

FILED May 02, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P04000038121 1. Entity Name FATHOM, INC Principal Place of Business Mailing Address **26 CUNA STREET** 11 ALFRED STREET ST AUGUSTINE, FL 32084 ST AUGUSTINE, FL 32084 US US 04282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0796397 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BAVUSO, DAMIAN J 11 ALFRED STREET ST AUGUSTINE, FL 32084 IN THIS SPACE 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. (NOTE Registered Agent signature required when reinstation) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be U00000945219 05/29/08-80131-009 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BAVUSO, DAMIAN J STREET ADDRESS 11 ALFRED STREET ST AUGUSTINE, FL 32084 CITY-ST-7IP TITLE BAVUSO, CATHERINE M NAME STREET ADDRESS 11 ALFRED STREET STU AUGUSTINE, FL 32084 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.

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TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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