## FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 17, 2001 8:00 am Secretary of State DOCUMENT # P92000015018 1. Entity Name 5-17-2001 91286 012 \*\*\*150.00 MICROCOSM, INC. Principal Place of Business Mailing Address 4513 RING NECK RD. 4513 RING NECK RD. A0067690 ORLANDO, FL 32808 ORLANDO, FL 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3156946 Not Applicable Zìp Country 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 Street Address (P.O. Box Number is Not Acceptable) LOPEZ, RICHARD T. 4513 RING NECK RD. ORLANDO, FL 32808 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW III PEE IS \$150.00 After MAY ( 2001 Fee will be \$550.00 Make Check Payable to Department of St 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034(11/00) Addition Change TITLE Delete TITLE NAME LOPEZ, RICHARD T. STREET ADDRESS STREET ADDRESS 4513 RING NECK RD. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE NAME IAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP XIY-ST-ZIF ☐ Change ■ Addition TILE ☐ Delete AME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ITLE ☐ Delete Change ☐ Addition AME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-7IP TLE ☐ Delete TITLE Change ☐ Addition **AME** NAME TREET ADDRESS STREET ADDRESS CITY-ST-7IP TY-ST-ZIP 3. 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 11 or Block 12 if changed, or on an attachment with an endress, with all other like empowered. 877.834.1773 RICHARD T. LOPEZ 4/26/01

Daytime Phone #

IGNATURE: