Apr 22 02 08:49a John Kihm 3

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90114 050 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000048990 ✓

National Security & Investigative Agency Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 498 PALM SPRINGS DR #100, ALTAMONTE SPGS, FL 32701, SEMINOLE

3. Mailing Address: SAME

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3317630 — 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: KLINCKO, DONALD R.

Street Address (P.O. Box Number is Not Acceptable): 703 MEREDITH ST.

City: FERN PARK FL Zip Code: 32730

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 _____ DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

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

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

11. OFFICERS AND DIRECTORS

TITLE CPD NAME Kihm, John B STREET ADDRESS 5128 VENICE BLVD CITY-ST-ZIP LOS ANGELES, CA	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VDT NAME KLINCKO, DONALD R. STREET ADDRESS 703 MEREDITH ST CITY-ST-ZIP FERN PARK, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: [signature] Vice President 4/22/02 407 261 8986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

DONALD R. KLINCKO