2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000060978 Jan 12, 2000 8:00 am Secretary of State 1. Entity Name MATCOM, INC. 01-12-2000 90044 018 ***150.00 Mailing Address Principal Place of Business 20848 BOCA RIDGE DRIVE NORTH 20848 BOCA RIDGE DRIVE NORTH BOCA RATON FL 33428-1505 **BOCA RATON FL 22428** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0432371 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KLEIN, JEFFREY G ESQ Street Address (P.O. Box Number is Not Acceptable) 2600 N MILITARY TRAIL SUITE 270 **BOCA RATON FL 33431** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete Change TITLE LAHN, MATTHEW NAME NAME STREET ADDRESS 20848 BOCA RIDGE DRIVE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** ☐ Change ☐ Addition ☐ Delete TITLE TITLE LAHN, FOSTER Y. NAME NAME 20848 BOCA RIDGE DRIVE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 22428** ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR