2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000078802 Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** PRODIGY INVESTIGATIONS, INC. 01-27-2000 90139 013 ***158.75 Principal Place of Business Mailing Address POST OFFICE BOX 4749 2827 S. RIDGEWOOD AVE. SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32121 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3217047 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOCH, LAWRENCE W Street Address (P.O. Box Number is Not Acceptable) 2827 S. RIDGEWOOD AVE. SOUTH DAYTONA FL Zip Code City 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) FILE NOW!!! FEE IS \$150.00 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. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. PVD ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME HOCH, LAWRENCE W NAME STREET ADDRESS STREET ADDRESS 788 PHEASANT RUN CT CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL ☐ Addition ☐ Change Delete TITLE HOCH, VIRGINIA M NAME NAME STREET ADDRESS STREET ADDRESS 788 PHEASANT RUN CT CITY-ST-7IP CITY-ST-ZIP PORT ORANGE FL ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 receive 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 D

SIGNATURE:

904760-2110

Daytime Phone #