FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jun 04, 2001 8:00 am DOCUMENT # **P9400005642** Secretary of State 1. Entity Name PC COM, TNC. 06-04-2001 90004 010 ***158.75 Changed to T3 TECHNOLOGIE Principal Place of Business Mailing Address 200 S. HOOVER BLVD. 200 S. HOOVER_BLVD. C0070841 **BLDG 215** BLDG 215. **TAMPA FL 33609** TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address 1408 N WESTSHORE BLVD 408 N WESTSHORE BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE 900 5TE 900 Applied For City & State City & State 4. FEI Number 59-3237134 FL TAMPA TAMPA Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33607 3360 T HIUSBOROUGH Fee Required HILLSBOROUGH 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRIEDMAN, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 1408 N WESTSHORE BLVD 200 S HOOVER BLVD, BLDG 215 TAMPA FL 33609 STE 900 TAMPA 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. (NO1 . Registered Agent's gnature 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, 2: 01 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Paya le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change TITLE ☐ Addition THILE ☐ Delete FRIEDMAN, STEVEN NAME NAME 1408 N WESTSHORE BLUD STE 900 200 S HOOVER BLVD, BLDG 215 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** 33607 FL DCS Change Addition ☐ Delete TITLE KNICKERBOCKER, RONALD NAME STREET ADDRESS 390 US 301 BLVD W UNIT 19C STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** Change Addition_ ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

of the corporation or the receiver or trustee empoy changed, or on an attachment with an address A wered to execute this report it all other like empowered

I hereby certify that the information supplied with this filing does not qualify to 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 it y 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Date

SIGNATURE:

INTED NAME OF SIGNING OFFICER R DIRECTOR

813-288-7500

Daytime Phone #