2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9400060093 ECOCOMP ENTERPRIZES, INC. FILED 00 JUN -1 PM 1:04 Mailing Address Principal Place of Business SECRETARY OF STATE UNCHANGED TALLAHASSEE, FLORIDA 2. Principal Place of Business 3. Mailing Address 2635 E. Oakland Pork Blyd < (Same DO NOT WRITE IN THIS SPACE Suite Applied For 4. FEI Number City & State City & State Fort Lauderdale, FL 65-05/623/ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Broward Fee Required 33306 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ERNEST G. Bocchino Street Address (P.O. Box Number is Not Acceptable) 2635 E. Oakland Park Boolevard Suite 1 Zip Code Fort Lauderdale FL 33306 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. DATE (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. 12. ☐ Addition Change Delete TITLE TITLE 000003240550--8 NAME NAME ERNEST 6. BOCCHINO -05/05/00--01035--003 7805 COUFT YARDRUN W STREET ADDRESS STREET ADDRESS *****35.00 CITY-ST-ZIP *****35.00 CITY-ST-ZIE BOIA RATON FL 33433 Change ☐ Addition Delete TITLE TITLE HEADLEY G. LEE 300 N. 75th Terr. NAME NAME The only amendment STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Hollywood, FL 33024 TREASURER SECRETARY Change Delete TITLE NAME CLEVE A. BISPOTT NAME STREET ADDRESS STREET ADDRESS 530 ARIZONA AVE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 Change TITLE Delete TITLE 000003240550--8 NAME -06/30/00--01014--014 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP *****26.25 *****26.25 ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

HEADLEY GLESIDENT

SIGNATURE: Fully SIGNATURE AND TYPED OF PRINTED NAME

MAY 3, 2000

454) 630-022

Daytime Phone #