2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 10, 2000 8:00 am Secretary of State DOCUMENT # P94000070514 SECURITY AUDIO FIRE ELECTRONICS TECHNICIANS, INC 03-10-2000 90011 033 ***150.00 Principal Place of Business Mailing Address 357 N BABCOCK ST 357 N BABCOCK ST MELBOURNE FL 32935-6718 MELBOURNE FL 32935 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3268499 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CONN, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 357 N BABCOCK ST MELBOURNE FL 32935 Zip Code 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DP ☐ Change Addition ☐ Delete TITLE TITLE CONN. MICHAEL J NAME 357 N BABCOCK ST STREET ADDRESS STREET ADDRESS MELBOURNE FL 32935 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NOVO, SERGIO NAME STREET ADDRESS 357 N BABCOCK ST STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32835** CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAMÉ 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 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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 the 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 on powered 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 or other like empowered.

SIGNATURE:

SIGNATURE AND PIPED OR MANTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #