2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000087735** May 08, 2000 8:00 am Secretary of State OVERTURE COMMUNICATIONS, INC. 05-08-2000 90155 020 ***150.00 Principal Place of Business Mailing Address 17933 EAST ROAD 17933 EAST ROAD HUDSON FL 34667-6074 HUDSON FL 34667 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3281628 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent ORLANDO, RICHARD S Street Address (P.O. Box Number is Not Acceptable) 17933 EAST ROAD HUDSON FL 34667 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 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 11., OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE TATLE ☐ Delete ORLANDO, RICHARD S , Name NAME STREET ADDRESS 17933 EAST ROAD STREET ADDRESS CITY-ST-ZIP CITY~ST-71P **HUDSON FL** Change Addition ☐ Delete TITLE ORLANDO, LILY NAME STREET ADDRESS 17933 EAST ROAD STREET ADDRESS CITY-ST-ZIP HUDSON FL CITY-ST-ZIP ☐ Delete '🗀 Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME 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 of trustile 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 appears with all other like empowered.

SIGNATURE:

Richard S. Orland

4125100

727-868-6888

Daytime Phone #