2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am § Secretary of State DOCUMENT # P95000009777 1. Entity Name 03-06-2002 90090 044 ***158.75 COUNTERSTRIKE, INC. Principal Place of Business Mailing Address 8342 SE SANCTUÁRY DR 4300 SO. US. HIGHWAY 1 HOBE SOUND FL 33455 STE. 203-324 JUPITER FL 33477 2. Principal Place of Business Mailing Address 308 /EQUESTA Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE SUITE Applied For 65-0566497 EOUESTA Not Applicable \$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 KELLY, KATHLEEN ress (P.O. Box Number is Not Acceptable) 8342 SE SANCTUARY DR. HOBE SOUNO FL 33455 LEQUESTA DrIVE 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 and title if applicable (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П 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 TITLE Delete ☐ Addition TITLE NAME KELLY, KATHLEEN NAME STREET ADDRESS 8342 SE SANCTUARY DR. STREET ADDRESS 308 TEQUESTA Drive, SUITE 19 CITY-ST-ZIP HOBE SOUND FL 33455 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Christine N. Delin NAME NAME 308 TEQUESTA Drive, SUITE 19 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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 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 wijth an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: &

CR2E034 (9/01)

FILED