FILED 07141999-90002-014-\$550.00-\$550.00 Jul 14, 1999 8:00 am CORPORATION ANNUAL REPORT Secretary of State **Secretary of State** DIVISION OF CORPORATIONS 1999 07-14-1999 90002 014 ***550.00 DOCUMENT # SIMS COMMUNICATIONS INTERNATIONAL, INC. , a canda nea ann ann an agus na sa sa dha tagan an agus na sa an agus na agus na agus an an agus agus agus ag Mailing Address Principal Place of Business 4551 N DIXIE HWY 4551 N DIXIE HMY **BOCA RATON FL 33431 BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/11/1995 2a. Mailing Address
26 | Bool Cowan Road FEI Number Applied For Principal Place of Business (800) Cowan Road 65-0583440 Not Applicable 26 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State C# Added to Fees Trust Fund Contribution 28 Country A 8. This corporation owes the current year Yes Intangible Personal Property. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent tracey olszewski SHAMES, BRUCE Address (P.O. Box Number is Not Acceptable)
LOEST CAMING REAL 4551 N DIXIE HWY **BOCA RATON FL 33431** SUITE 202 BOCA-RATION 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. **HOMINISTRATION** REGULATORY OLSZEWSKI MANAGER OF SIGNATURE (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. PD 1.1 TITLE DELETE TITLE 1.2 NAME BENNETT, MARK 18001 COWAN ROAD SUITEC NAME 17821 SKYPART CIRCLE, SUITE G 1.3 STREET ADDRESS STREET ADDRESS CA. ERVINE IRVINE CA 92614 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 2.1 TITLE me 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 3.1 TITLE TITLE DELETE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 4,1-TITLE DELETE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5 1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-5T-ZIP Change Addition 6.1 TITLE DELETE me 6.2 NAME NAME 8.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-23P CITY-ST-ZIP 14. 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 annual report or supplemental annual report is five 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 12 or Block 13 if changed, or open attackment with an address. 949 - 261 - 6665

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR