## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9500061713 May 17, 2000 8:00 am 1. Entity Name Secretary of State COMPUTERATI ASSOCIATES INC. 05-17-2000 90937 001 \*\*\*150.00 Principal Place of Business Mailing Address 4631 NW 31ST AVE 2831 N OAKLAND FOREST DR #127 #312 FORT LAUDERDALE FL 33309-3433 OAKLAND PARK FL 33309 HS 2. Principal Place of Business 3. Mailing Address 1380 32nd Ave 5W Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0603344 Vers Beach Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Age GREGORY-J.-CALLAHAN-2831 N OAKLAND FOREST DR 312 OAKLAND PARK FL 33309 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, typed or printed 9. This corporation is eligible to satisfy its Intangible FILE NOW!!LFEE.IS.\$150.00 ---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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CALLAHAW, GREGORY Schange 1380 32nd Ave SW ☐ Delete TITLE CALLAHAN, GREGORY J NAME STREET ADDRESS 2831 N. OAKLAND FOREST DRIVE, APT. 312 Vero Beach, FL 32968 CITY-ST-ZIP OAKLAND PARK FL 33309 TITLE FRIN CALLAHAN- PAYETTE ERIN CALLAHAN-PAYETTE NAME 1380 32nd Ave SN STREET ADDRESS CITY-ST-7IP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS

11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRÈSS 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

SIGNATURE: