2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000077823 May 19, 2000 8:00 am Secretary of State DODGE GROUP COMMUNICATIONS, INC. 05-19-2000 90036 048 ***150.00 Principal Place of Business Mailing Address P.O. BOX 577 18610 MISTY LAKE DRIVE JUPITER FL 33468-0577 JUPITER FL 33458 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0614947 Not Applicable \$8.75 Additional Country Zip Country Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DODGE, DAVID W Street Address (P.O. Box Number is Not Acceptable) 18610 MISTY LAKE DRIVE JUPITER FL 33458 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its intangible. .--FILE-NOW!!!-FEE-IS-\$150.00 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change Addition **PSTD** ☐ Delete TITLE TITLE DODGE, DAVID W NAME NAME STREET ADDRESS STREET ADDRESS 18610 MISTY LAKE DRIVE CITY-ST-ZIP CITY-ST-7/P JUPITER FL 33458 ☐ Change ☐ Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP noilibbA: TITLE : Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE. 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 ☐ Change Addition ☐ Delete TITLE TITLE NAME 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 of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director nd that my signature shall have the same legal effect as if made under oath; that I am an officer or director is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation of the receiver of trustee empowered to execute this repor-changed, or op an attachment with an address, with all other like ampowered with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR