2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P95000078916 1. Entity Name _PCI_COMMUNICATIONS_INC._ DC_ENTERPRISES OF SARASOTA, INC. 04-30-2001 90396 019 ***150 00 Mailing Address Principal Place of Business 335 INTERSTATE BLVD 335 INTERSTATE BLD SUITE 32 SUITE 32 SARASOTA FL 34240 SARASOTA FL 34240 us 3. Mailing Address 2. Principal Place of Business 423 S. Creek Drive 423 S. Creek Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3341143 Not Applicable Osprey, FL 34229 Osprey, FL 34229 \$8.75 Additional Country Zip 34229 Country Zip 5. Certificate of Status Desired 34229 USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Náme RUGG, JOSEPH W. N Street Address (P.O. Box Number is Not Acceptable) 100 S ASHLEY DRIVE STE 1500 **TAMPA FL 33601** Zip Code City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change CSCT ☐ Delete TITLE TITLE COLLINSON, DANIEL NAME NAME 423 S. Creek Drive STREET ADORESS STREET ADDRESS 335 INTERSTATE BLVD CITY-ST-ZIP Osprey, FL 34229 CITY-ST-ZIP SARASOTA FL Change ☐ Addition ☐ Delete TITLE TITLE COLLISON, DANIEL NAME NAME 423 S. Creek Drive 335 INTERSTATE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP sarasota fl Osprey, FL 34229 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME__ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE □ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 on 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.

Daniel Collinson

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR