2000 UNIFORM BUSINESS REPORT (UBR)

May 30, 2000 8:00 am Secretary of State DOCUMENT # P95000088674 OSPREY COMMUNICATIONS, INC. 05-30-2000 90041 046 ***150.00 Principal Place of Business Mailing Address 1133 BAL HARBOR BLVD 1133 BAL HARBOR BLVD STE 1139 STE 1139 PUNTA GORDA FL 33950-6574 PUNTA GORDA FL 33950 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0628966 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ATHANASAS, JANET Street Address (P.O. Box Number is Not Acceptable) 3448 DEPEW AVENUE PORT CHARLOTTE FL 33952 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. 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 TITLE ☐ Delete TITLE NAME KATT, SALLY NAME STREET ADDRESS 1133 BAL HARBOR BLVD APT 1139 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33950** Change Addition ☐ Delete TITLE NAME KATT, EUGENE W NAME STREET ADDRESS STREET ADDRESS 1133 BAL HARBOR BLVD APR 1139 CITY-ST-ZIP CITY-ST-ZIP -PUNTNA GORDA FL 33950 ~-☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP A. A. Ch. 1- 4 9 15. ☐ Change ☐ Addition ☐ Delete TITLE Kito we. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE 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

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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