2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P95000095516 1. Entity Name ATLAS TECHNOLOGY CORPORATION 04-19-2001 90017 047 ***150.00 Principal Place of Business Mailing Address 19899 BACK NINE DR. 19899 BACK NINE DR. BOCA RATON FL 33498 **BOCA RATON FL 33498** 2. Principal Place of Business 3. Mailing Address 600 5 10 Box Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE uite City & State Buca Rator 4. FEI Number Applied For 65-0626782 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GIZZIE, JAMES M Street Address (P.O. Box Number is Not Acceptable) 19899 BACK NINE DR. **BOCA RATON FL 33498** 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 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. 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. PD Ph Change TITLE Delete TITLE WARD Rusty Butler NAME GIZZIE, JAMES M NAME West PAM BEACH FL STREET ADDRESS STREET ADDRESS 19899 BACK NINE DR. CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33498** Delete TITLE NAME NAME J.M. 612218 19899 BACK NINE Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOLD RATON FL 33498 Delete TITLE TITLE . Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: JM SMORE J.M. G1221e Secretary ATIA: Technology (of 4))) of

338-0997

Daytime Phone #